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Becoming Human Through the Communalization of Trauma and Healing: Experiences of
Support Among Former Child Soldiers in Northern Uganda

A Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Jordan Childress Farrar

June 2017

Dissertation Director: Dr. Andreas Rechkemmer

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Abstract

Despite global protections intended to protect children and hold governments and militarized groups accountable, contemporary discourse surrounding armed conflict recognizes the continued presence of children in war. While the knowledge base surrounding this issue is still in its infancy, some notable shifts have occurred regarding what we know about this group. Initial inquiry centered the individual and their trauma, which over time has expanded to consider the influence of the larger sociocultural context on one's recovery after war. In fact, research has begun to document the protective nature of community acceptance and support for children affected by armed conflict. To date, few studies have explicitly assessed how former child soldiers experience social support in their community post-conflict. Using a sequential explanatory mixed methods research design, this current study aimed to (a) advance knowledge regarding how former child soldiers experience social support in their community, (b) utilize quantitative and qualitative data to extend knowledge regarding informal and formal support mechanisms not easily captured by singular approaches, and (c) challenge researchers to consider and include the larger sociocultural context within any analysis regarding war-affected youth. Quantitative data analysis relied on the existing Survey of War Affected Youth and included 1,118 male and female youth who were abducted to fight by the Lord's Resistance Army in Northern Uganda. These data

guided this study's qualitative inquiry of 20 former child soldiers currently living in Northern Uganda. While specific results related to the quantitative and qualitative approaches are provided in Chapter 4, given the mixed methods nature of this inquiry, results are also presented from a triangulation of both data streams. Triangulation of the data revealed the importance of the larger ecological context in understanding how war-affected youth experience social support. Through this contextual understanding, the data demand that researchers consider social support as an interconnected web, where disruptions (or opportunities) within the web can create a ripple effect of either advantage or disadvantage. This research concludes with implications and recommendations for researchers, service providers, policy makers, and social work as a profession as it continues to investigate war-affected youth and their communities.

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It is without question that I would not be where I am today without the love and support of my family and friends. My parents have always supported me and my dreams. My partner Patrick, with his constant love and understanding, has continuously demonstrated patience and admiration throughout this entire process. My friends, from the “CP crew” at William and Mary, to those I have made in Denver, have provided the necessary laughter and joy to feed my soul.

Most importantly, I would like to thank and dedicate this dissertation to Francis Arop, the Community Rural Empowerment Support Organization (CRESO), and those formerly abducted youth who participated in this research. The tireless work of Francis and CRESO in Northern Uganda is truly the embodiment of social justice. The resilience and strength of those who were abducted to fight is almost impossible to articulate. I hope that this dissertation will contribute in a meaningful way to their journey in healing and will challenge the global community to take notice and take action.

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Chapter 1: Introduction

“These days I live in three worlds: my dreams, and the experiences of my new life, which trigger memories from the past.”

-Ishmael Beah

Ishmael Beah was only 12 years old when he was forced to flee rebels who had invaded his home in the Southern Province of Sierra Leone. For the next three years Beah was indoctrinated, dehumanized, and made to fight as a child soldier for the Republic of Sierra Leone Armed Forces. Eventually Beah was rescued by the United Nations Children’s Emergency Fund (UNICEF) and brought to New York to start a new life. Using his experience as a child soldier, Beah has authored several books, works as a human rights activist, and engages in speaking tours to highlight the plight of child soldiers and communities at war across the globe. While Beah’s experience as a child soldier mirrors the experiences of youth combatants across the globe, his outcome as a voice for war-affected youth globally is deeply disconnected from the majority of these youth.

In the post-conflict environment, although they are no longer in captivity, these youth continue to experience the negative effects of child soldiering. These negative effects include impacts on mental health resulting in depression, posttraumatic stress disorder (PTSD), or anxiety (Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010; Betancourt, Brennan, et al., 2010; Betancourt, Brennan, Rubin-Smith, Fitzmaurice &

Gilman, 2010; Derluyn, Broekaert, Schuyten, & Temmerman, 2004; Klasen, Oettingen, Daniels, & Adam, 2010; Klasen, Oettingen, Daniels, Post, et al., 2010; Kohrt, Jordans, Tol, Speckman, Maharjan, Worthman, & Komproe, 2008); physical impacts with many returning from conflict with bodily injuries, visible scars from war to ensure group allegiance and prevent escape, untreated sexually transmitted diseases, and addiction to substances (Burman & McKay, 2007; Corbin, 2012); and finally, rejection within one's community where stigma and discrimination shape the daily reality of former youth combatants (Betancourt, Agnew-Blais, et al., 2010; Burman & McKay, 2007; Corbin, 2012). Compounding this reality is the unique situation of females who also face gender-based violence, stigma and marginalization as they attempt reintegration into their communities.

This dissertation utilizes a mixed methods sequential explanatory approach to research to examine how former child soldiers experience social support in their communities. Utilizing publically available quantitative data, this study first examines the most salient correlates of social support for former child soldiers living in Northern Uganda. With the quantitative data as a guide, in-depth interviews with 20 former child soldiers in Northern Uganda were conducted to assess how these youth experience support in their community. Through triangulation of the quantitative and qualitative data streams, a holistic understanding of how these youth experience social support is made possible. It is imperative, however, to have a deep understanding of this complex issue. The next section delves into the background of the problem, with attention paid to how and why child soldiering has proliferated including current international responses to this

issue. A brief discussion of child soldier roles and outcomes is included, but will be expanded on in Chapter 2.

Background of Problem

On August 26, 1996 Grac'a Machel, a Mozambican politician and humanitarian, presented her report *The Impact of Armed Conflict on Children* to the general assembly of the United Nations. This report brought the child soldier issue to the forefront. It attracted global attention to the effects of armed conflict on youth worldwide and provided a comprehensive overview of the issue that exposes the presence of female child soldiers. Machel (1996), however, fails to address the full reality of girls as soldiers in these conflicts by solely focusing on their sexual exploitation and supportive role as cooks or domestic servants. The report also explicitly denotes a distinction between those youth who serve in supportive roles (cooks, porters, messengers, etc.) and those in combatant roles (Machel, 1996). This distinction is especially detrimental for female child soldiers because it denies their presence on the battlefield, potentially affecting the post-conflict resources made available to them.

While the *Machel report* failed to consider the diverse roles assumed by all youth involved in armed conflict, it provided the impetus for the creation of an internationally recognized definition of what constitutes a child soldier. According to the *Cape Town Principles and Best Practices*, a child soldier is defined as:

any person under 18 years of age who is part of any kind of regular or irregular armed force or armed group in an capacity, including but not limited to cooks, porters, messengers and anyone accompanying such groups, other than family members. This definition includes girls recruited for sexual purposes and for forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms (UNICEF, 1997, np).

The Cape Town Principles, a product of the United Nations Children's Fund (UNICEF)-led conference in Cape Town, South Africa, represent the first internationally recognized document acknowledging the diverse roles of child soldiers as well as the presence of female child soldiers.

Contemporary research and commentary regarding child soldiers, notably the Machel report, challenge the previously held conception that child soldiering is a male-only phenomenon. Similarly, investigation into this issue has begun to show that the use of underage combatants is not only confined to the African continent, but is in fact a global phenomenon. Before any analysis of child soldiers can proceed, however, one must address why child soldiers have become a feature of modern armed conflict.

Historical & Contemporary Context of Child Soldiers

Alcinda Honwana's book, *Child Soldiers In Africa*, provides a brief historical overview of the use of children in armed conflict (2006). From the European Middle Ages to the Chinese Cultural Revolution, children have been used to perform various military duties. For many youth, it was seen as an honor to fight for your country, your religion, and your family. Even though warfare has changed, the conscription of children, voluntary and forced, has not. In terms child soldiers in Africa, the phenomenon is rooted in the crisis of the African post-colonial state. This crisis is reflected in ethnic conflicts, in the state's inability to provide for and protect its citizens and in the collapse of social and economic structures in rural areas leading to massive migration to urban areas (Honwana, 2009). Female child soldiers have a large presence in the history of warfare. From the 5th century for use in Persia to the 17th century French Revolution for use as sewers, females have been actively involved in armed conflict. Perhaps the most famous female child

soldier is Joan of Arc, who, at the age of 16, led an army of 4,000 against the English in 1429 (Mazurana, McKay, Carlson, & Casper, 2002). These historical accounts, while not exhaustive, show that both males and females have been used as soldiers throughout history. Conflict today, however, is not that same as conflict centuries ago or even 30 years ago. As Mike Wessels (1997) states:

The nature of armed conflict has changed greatly in recent years. The end of the Cold War ushered in an era of ethnopolitical conflicts that are seldom fought on well-defined battlefields. Conflicts are increasingly internal, and they are characterized by butchery, violence against women, and atrocities sometimes committed by former neighbors. More than 80 percent of the victims are noncombatants, mostly women and children. (pp.1)

The change in armed conflict over time is not surprising. As the world became more globalized and technologically advanced, changes within every facet of life were inevitable. While child soldiers have had a presence on the battlefield for centuries, our conception of what it means to be a child has changed, causing this phenomenon to transition from a “feature of war” to a “problem necessitating intervention”.

There are many factors at work when examining the use of children as soldiers in armed conflict. High energy levels, susceptibility to propaganda, delayed value formation, increased obedience to authority, inability to successfully escape, and the use of high powered, lightweight and cheap weapons all contribute to the targeting of children (McKnight, 2010; Thompson, 1999). With the modernization of warfare, conflicts are increasingly becoming internal struggles, where the distinction between civilian and combatant is blurred. Without clear boundaries in place, and the creation of a

climate of instability, it becomes impossible to extend protection to the most vulnerable populations.

Dispersion & Prevalence of Child Soldiers

While statistics regarding conflict are nebulous, it is estimated that over 1 billion children live in war-affected countries (UNICEF, 2009). For those forced to flee their home country, most commonly referred to as refugees, approximately half are children (Singer, 2005). Turning to youth actively engaged in armed conflict, there are between 100,000 and 300,000 active child soldiers world-wide with some estimates putting the number as high as 500,000 youth (Achvarina & Reich, 2006; McKnight, 2010; Song & Jong, 2015). Within the child soldier ranks it is estimated that girls constitute approximately one-third of this population (Corbin, 2012). While the average age of a child soldier is between 9 and 10 years old (Achvarina & Reich, 2006), combatants as young as 5 have been reported (Singer, 2005). According to Child Soldiers International (2012), an independent human rights organization, from 2010 to 2012, child soldiers were used in various capacities by 20 different nation- states. An earlier report released by the Coalition to Stop the Use of Child Soldiers (2008) determined child soldiers were present in 86 countries and territories. Most recently, the 2015 Trafficking in Persons Report released by the United States Department of State (2015) identified 8 governments whose government armed forces or government supported armed groups recruit and use child soldiers. These governments include Burma, Democratic Republic of the Congo, Nigeria, Somalia, South Sudan, Sudan, Syria and Yemen. This is not an exhaustive list, however, as the active use of child soldiers have been reported in the Philippines, the Central African Republic, and Colombia since 2014 (Sen, 2014; United

Nations News Centre, 2014; Vanguard, 2014). Even more troubling, when one looks at non-state armed forces like rebel or political opposition groups, we see child soldiers present in 60% of these ranks (Singer, 2005). It is apparent that the child soldier phenomenon has become a global reality with a solidified presence in modern day armed conflict.

The media typically portray child soldiers as an African phenomenon, but research shows the problem is more widespread. Child soldiers have not only been utilized in the African countries of the Democratic Republic of the Congo, Rwanda, Uganda, Sierra Leone, Burundi, Angola, Sudan, Somalia, and Mozambique, but also in Colombia, Iraq, Israel, Palestine, Afghanistan, Nepal, Sri Lanka, Myanmar, Cambodia, and the Philippines, to name a few (Honwana, 2009). Additionally, in its global report the Coalition to Stop the Use of Child Soldiers (2008) found the United Kingdom guilty of using child soldiers when *under-18s* were deployed to Iraq where they were subjected to hostile risks. The broad diffusion of child soldiers across the globe demonstrates that the use of children as soldiers in armed conflict represents a problem of global importance. While the dispersion of forced combatants is worldwide, research shows that these youth assume similar roles and experience similar outcomes from their time in captivity.

Child Soldier Roles & Outcomes

Child Soldier Experiences

In conflict, children act as messengers, porters, human shields, spies, looters combatants, and cooks (Mazurana & McKay, 2001; Mazurana et al., 2002; Honwana, 2006; Betancourt, Borisova, De la Soudière, & Williamson, 2011; Klasen, Oettingen, Daniels, & Adam, 2010). They also face physical and sexual assault, are forced to kill for

initiation purposes, succumb to repeated rapes, and are forced to engage in drug abuse (Betancourt et al., 2011). The child soldier identity presents as fluid, with youth transitioning back and forth from victim to perpetrator while entrenched in their respective context. In relation to the experiences of girls, data suggests sexual victimization is common (McKay, 2006; Singer, 2005).

Sexual Victimization. Sexual violence, specifically rape, has come to be viewed as a weapon of war where its use instills fear and ensures subordination (Honwana, 2006), provides future generations of soldiers (Mazurana et al., 2002), and erodes the social fabric of post-conflict communities where stigma and shame accompany those who have been sexually violated. Undoubtedly these experiences can lead to negative psychosocial outcomes.

Sexual violence is a strategic military tactic utilized to control female abductees through fear, breaking any ties or desire to return to one's home community, and forced reproduction to sustain the rebel group and larger war effort (McKay, 2006). According to SWAY, 27% of abducted women and girls were forced to marry, essentially becoming sexual slaves of LRA commanders or soldiers (Annan, Blattman, Mazurana, & Carlson, 2011). Other studies have estimated that approximately 18% of girl soldiers in Uganda gave birth while in captivity (Derluyn et al., 2004). The reality of gender based violence and its effects on girls and their communities reveals a cyclical pattern of male domination where the direct targeting of women and girls in conflict results in subjugation in the post-conflict environment, pushing many to engage in risky behavior including sex work or even a return to combat (Burman & McKay, 2007).

Consequences & Outcomes of Child Soldiering

The immediate and long-term consequences of child soldiering have been well documented in the literature. For child soldiers these outcomes can include impacts on mental health resulting in depression, posttraumatic stress disorder (PTSD), or anxiety (Betancourt, Agnew-Blais, et al., 2010; Betancourt, Borisova, et al., 2010; Betancourt, Brennan, et al., 2010; Derluyn et al., 2004; Klasen, Oettingen, Daniels, & Adam, 2010; Klasen, Oettingen, Daniels, Post, et al., 2010; Kohrt et al., 2008). Many youth experience physical impacts as they return from captivity with bodily injuries, visible scars from war to ensure group allegiance and prevent escape, untreated sexually transmitted diseases, and addiction to substances (Burman & McKay, 2007; Corbin, 2012). Finally, many former child soldiers face rejection within their community where stigma and discrimination shape the daily reality of former youth combatants (Betancourt, Agnew-Blais, et al., 2010; Burman & McKay, 2007; Corbin, 2012). The communities many of these youth find themselves in once out of captivity further exacerbate the consequences of child soldiering.

Characteristics of post-conflict countries

Considering the nature of modern warfare, where conflicts are increasingly internal, many of these youth return to communities ravaged by war, entrenched in poverty, and unable to effectively meet their needs. As noted by Lund et al. (2011), poverty and mental health constitute a negative cycle where poverty increases the risk of mental illness, and mental illness increases the possibility of one descending into poverty. Poverty represents just one issue in the post-conflict environment. As the World

Development Report elucidates, conflict has devastating effects on development as a whole (World Bank, 2011).

For each country affected by civil war, the average cost shouldered is equivalent to more than 30 years of Gross Domestic Product (GDP) growth for a medium size developing country (World Bank, 2011). Conflict destroys physical infrastructure, limiting access to health services and education, which negatively affects civilians and creates problems that persist even once conflict has subsided. Furthermore, during conflict many countries experience a flight of human capital and a decrease in social expenditure (Brown, Langer, & Stewart, 2011). This poses a serious challenge for service availability, economic stabilization, and bureaucratic capacity,- three entities necessary for long-term recovery (Brown et al., 2011). Sadly, there is a strong association between low per capita income and war. This association, also known as a conflict trap, creates a vicious cycle where poverty fuels conflict and conflict, in turn, exacerbates poverty (World Bank, 2011). Despite the challenges facing many low-income, conflict-entrenched countries, most work to mitigate the persistence of armed conflict and violence through a process known as Disarmament, Demobilization, and Reintegration.

Disarmament, Demobilization, and Reintegration

Disarmament, Demobilization, and Reintegration (DDR) is the most commonly used intervention process for individuals and communities enmeshed in or recovering from armed conflict. The objective of DDR programs is to create a positive transition from military to civilian life by disarming the combatants, demobilizing those involved in the conflict, and reintegrating them into their communities (Rivard, 2010). Typically combatants are offered counseling and psychosocial support as well as medical care,

shelter, and food at Interim Care Centers (ICCs) before reintegration or placement in sustainable livelihood activities (Rivard, 2010). Depending on available resources, combatants may also be offered vocational skills training, micro-enterprise development, or educational opportunities (UNDP, 2012). In Uganda for example, despite ICC availability, it is estimated that only 13-43% of youth actually make it to a reception center (Falkenburg, 2013).

While women and girls constitute up to one-third of rebel fighting forces, their presence in post-conflict DDR is not indicative of these numbers, as very few receive attention from these services. Sometimes girls are blatantly excluded from programs or are passed over since they are not viewed as a security threat (Kostelny, 2004; Specht & Attree, 2006). Girls may choose to voluntarily forego formal reintegration to avoid the ex-combatant label as well as the stigma and shame that accompanies it. Mazurana et al. (2002) show that in Mozambique while Mozambican National Resistance (RENAMO) soldiers were boarding vans to travel to various reception centers, women and girls were left on the side of the road. According to the Coalition to Stop the Use of Child Soldiers (2001), in Angola, 8,500 male child soldiers and zero female child soldiers received formal reintegration. These service utilization patterns are in stark contrast with reports estimating that girls constituted 30% to 40% of the Angolan rebel group Front for the Liberation of the Enclave of Cabinda (FLEC). As Betancourt et al. (2011) shows, in their sample of 273 youth, 80% of girls versus 32% of boys lacked formal reintegration. These numbers are increasingly problematic due to the experiences of female youth during conflict, as well as their psychological outcomes and overall lack of opportunities post-conflict.

Disarmament, Demobilization, and Reintegration represents just one step in the process towards long-term development and recovery. With an initial focus on security and stability, successful DDR can help create an environment supportive of political and peace processes (United Nations, 2016). Unfortunately, as the literature shows, many combatants, specifically women and their children, are precluded from participation in formal DDR programming. This is especially problematic considering the role of DDR in establishing secure environments,- a prerequisite for long-term peace. Currently, the United Nations Development Programme (2016) oversees DDR programming in 20 different countries. One of these countries, Uganda, forms the site for a majority of the analysis in this study. Uganda is located in East Africa and has a long history of colonialism and political upheaval. With a broad but thorough understanding of the child soldier phenomenon, it is now important to understand the context in which this study is rooted.



Figure 1. Map of Uganda highlighting those areas, primarily Northern Uganda, most affected by armed conflict.

Uganda & the Lord's Resistance Army

Uganda has a long history of violence and dictatorial rule since gaining independence in 1961. Political upheaval coupled with the seeds of colonialism, including rule under Idi Amin, created intra-country instability, eventually resulting in the rise to power in 1986 by current president Yoweri Museveni. With power secured by Museveni from the South, the Lords Resistance Army (LRA), led by the self-proclaimed prophet Joseph Kony, formed as a representative rebel group from the North. Between 1986 and 1988 the Lords Resistance Army defeated many armed groups. Due to increased violence, the LRA was unable to maintain support by the inhabitants of Northern Uganda, namely the Acholi community (Annan, Brier, & Aryemo, 2009). The lack of support from the Acholi people, viewed as betrayal, caused Acholi communities to become prime targets of LRA attacks. It is estimated that at its most powerful, the LRA abducted anywhere from 60,000-80,000 people to fill its ranks, with approximately

24,000-38,000 identified as children (Pham, Vinck, & Stover, 2007). While the LRA has moved to neighboring countries with numbers thought to only be in the hundreds, it continues to inflict violence on civilian populations as this conflict enters its 30th year.

Under Kony's command the LRA instituted strict guidelines for its soldiers, such as governing aspects of fighting, eating and praying, with harsh punishments for any violations (Annan et al., 2011). As a reward, abducted females were provided to LRA soldiers as forced wives or sexual slaves (Annan, Green, & Brier, 2013). Structured as a system of privilege, those with higher rank received multiple wives (Annan et al., 2011). Using data from seven Ugandan reception centers, which act as local organizations tasked with reintegrating combatants upon their return from captivity, it was determined that girls and women comprised 24% of former abductees. One center reported that 14% of the women they worked with were "given" to commanders during their time in captivity and 10% had subsequently given birth (Pham et al., 2007). These figures must be interpreted with caution as they tend to grossly underrepresent the reality of women and girls in these situations.

Information on the use of child soldiers in Uganda is well documented. In fact, with the release of the Kony video by the organization Invisible Children in 2012, a viral video which garnered 120 million views in 5 days, the phrase "the Kony effect" was coined (Sanders, 2014). While the video was controversial, it showed that even with dwindling numbers, the LRA was still committing atrocities and harboring child soldiers. Acknowledging the presence of child soldiers is not enough. Decades of contemporary research on the issue are further buttressed by centuries of history detailing their existence. The real task is ascertaining how we aid in the recovery of these youth and

their communities; a broken system does not break the human spirit. It is this premise that forms the basis for this current study.

Statement of the Problem

While the presence of children on the battlefield has been studied within a historical context, it wasn't until 1996 when Grac'a Machel delivered her report to the general assembly of the United Nations that the global community was forced to contend with this issue as a current reality. With the phenomenon at the forefront, an impetus was created for researchers to situate this issue as something necessitating study. However, while most child soldier research attends to the relationship between war experience and mental health outcomes, current trends suggest that research must shift its focus to the interaction between these youth and their communities post-conflict (Amone-P'Olak et al., 2013; Betancourt, McBain, Newham & Brennan, 2013).

Beginning with abduction, these youth are forced to perpetrate atrocities within their own communities, a process known as "burning the bridge", in order to solidify allegiance and deter escape (Kibanja, Kajumba & Johnson, 2012). While the horrors these youth experience in conflict are well documented, as is the relationship between these experiences and mental health outcomes, little is known about the impact and capacity of the community regarding the recovery of these youth. This is especially problematic considering the presence of research, albeit limited, documenting the adverse effect of community stigma and discrimination on the rehabilitation process over and above one's wartime experience (Betancourt, Agnew-Blais, et al., 2010; Kohrt et al., 2008).

This current study addresses this major gap in the knowledge base by attending to the broader social ecology of former youth combatants. Specifically this research examines the interaction between these youth and their community by assessing how former child soldiers living in Northern Uganda experience social support in their community. By understanding how these youth experience social support and the impact it has on their livelihood, it is possible to enrich our understanding of how these youth navigate and interact within the post-conflict environment. For service providers, it will provide insight into the community-based supports that have been successful as well as those that have failed. Finally, given the collectivist nature of many post-conflict societies, an examination that targets the interaction between the individual and their community is both culturally relevant and necessary.

Purpose of the Study

The current study utilizes a mixed methods sequential explanatory design to consider how former child soldiers living in Northern Uganda experience social support within their community. This sequential explanatory design triangulates initial quantitative results with a follow-up qualitative phase. Within this particular study, an integrative analysis of quantitative and qualitative data are employed where quantitative results provide the context for qualitative analysis (Way, Stauber, Nakkula & London, 1994). Therefore, Phase 1 of this mixed methods research design incorporates quantitative research methods, analysis and results while Phase 2 utilizes qualitative

research methods, analysis and results¹. The two sets of findings are then synthesized within a single discussion section (Way et al., 1994).

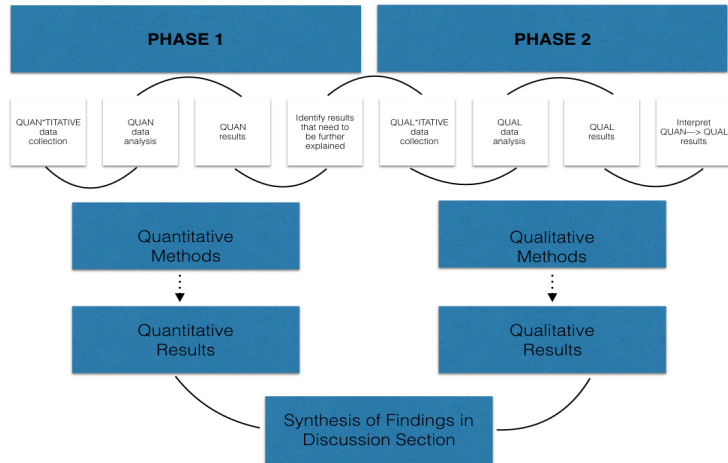


Figure 2. The mixed methods sequential explanatory design where quantitative data provides the context for qualitative inquiry, with both data streams synthesized conjointly.

This design, following a mixed methods approach to research, synthesizes ideas from quantitative and qualitative research in an attempt to consider multiple viewpoints, positions, and ways of knowing and doing (Johnson, Onwuegbuzie & Turner, 2007). As this study follows a mixed-methods format, existing quantitative data from the Survey of War Affected Youth (SWAY) on child soldier experiences will guide a qualitative inquiry with a convenience sample of former child soldiers in Uganda (Annan et al., 2011; Blattman & Annan, 2010). The Survey of War Affected Youth is a publically available dataset where all survey data has been anonymized and all participants provided consent for participation. In order to assess the most salient correlates of social support

¹ Throughout this dissertation, quantitative data, analysis, and results will be cached under the umbrella of Phase 1. All Qualitative data, analysis, and results will be cached under the umbrella of Phase 2.

for former child soldiers living in Northern Uganda, a multiple regression analysis was conducted. This analysis relied on one criterion or dependent variable and 15 predictor or independent variables (see Table 1).

Table 1. Independent and dependent variables for multiple regression analysis

Independent variables	Dependent variable
Sum of 5 violent acts inflicted on family members	Additive Index of Social Support (concrete forms of support received from family and friends in the past month)
Forced to harm family or friend	
Abducted > 2 weeks	
Forced to kill	
Gender	
Age	
Attends church	
No education	
Reception center	
Group membership	
Services	
Returned to family	
Received Amnesty	
Worked in last 4 weeks	
Education attained	

Phase 2 assumes a phenomenological approach to data collection and analysis where the aim is to describe a shared meaning among several participants of their lived experience regarding social support in their post-conflict community (Creswell, 2007). The target population for the qualitative interviews are formerly abducted youth living in Northern Uganda. While child soldier centered research is growing, research attending to the lived experiences of war-affected youth in this realm remains scant (Annan et al., 2011; Johannessen & Holgersen, 2014). Therefore, this study will make a significant contribution to existing literature on war-affected youth and those tasked with providing them services. A major feature of this study is the partnership between this researcher and an established community partner in Northern Uganda, the Community Rural

Empowerment Support Organization (CRESO). Due to this partnership it was decided that convenience sampling would be the best sampling strategy when recruiting study participants. Simply put, CRESO works with vulnerable populations in Gulu, including former child soldiers, therefore CRESO provides a convenient site from which to access and sample potential participants. Qualitative data were collected in Gulu, Northern Uganda in January 2016 over the course of 3 weeks. A more thorough description and understanding of the methodology undergirding this study can be found in Chapter 3.

Significance of the Study

Child soldier research has experienced notable shifts throughout its existence. Initially, research was grounded in understanding how children are conscripted into armed conflict and what their experiences were like as child soldiers (Cortes & Buchanan, 2007; Denov, 2010; Mazurana et al., 2002). Over time, studies began to examine the link between one's war experience and psychosocial outcomes (Betancourt et al., 2011; Klasen, Oettingen, Daniels, & Adam, 2010). As this phenomenon expanded, both in scope and in our understanding of it, research started to investigate child soldier reintegration experiences and the impact of stigma and rejection on this group (Betancourt, Agnew-Blais, et al., 2010; Burman & McKay, 2007; Corbin, 2012). In examining stigma, measured as perceived discrimination, it was found that stigma was significantly related to increases in depression, anxiety, and hostility independent of war experience (Betancourt, Agnew-Blais, et al., 2010; Betancourt, Brennan, et al., 2010). In relation to protective factors, an increase in family acceptance demonstrated an inverse association with hostility, while an overall increase in community acceptance resulted in higher levels of adaptive attitudes and prosocial behaviors over time. Despite this

groundbreaking study, research centered on community-based social support and experiences of support for former child soldiers remains scant. When considering the unfathomable trauma these youth experience as combatants, coupled with longitudinal data that reveals the protective nature of social support and community acceptance in terms of psychosocial outcomes, this present study is positioned to make a significant contribution to the literature and to the field as a whole.

Benefits of study

This research agenda will produce a wide array of benefits. Turning towards former child soldiers, this project will amplify the voices of these marginalized youth and uncover areas of support not captured in existing data. As this research is disseminated, those working with former child soldiers will be better in tune with aspects of support that are of importance to this group but remain obscure in current data collection and conceptualization processes. More specifically, this project will directly benefit CRESO by engaging its target population (former child soldiers) in dialogue regarding their needs, realities and perceptions of social support within the community. As CRESO works to transform Gulu into a healthy and inclusive community, the outcomes of this dialogue will serve as a guide for targeting resources and strengthening capacity. As a unique study focused on the community context, research findings will not only benefit CRESO and the Gulu community, but can also be translated (with caution) to similar post-conflict environments where former child soldiers are located. Finally, in terms of the larger community attending to the needs of war-affected populations, the partnership with CRESO will provide a model for future cross-cultural partnerships where different

entities work collaboratively instead of traditional, hierarchical approaches that sustain existing power dynamics.

Primary Research Questions & Hypotheses

This mixed methods study is guided by one, broad research question: How do former child soldiers living in Northern Uganda experience support in their community? With a broad question as the guide, the two data streams in this study are guided by complementary, yet specific research questions.

Phase 1

Research Question: What are the most salient correlates of social support for former child soldiers living in Northern Uganda?

$$H_0: \beta_1 = \beta_2 = \dots = \beta_{p-1} = 0$$

Null Hypothesis: One's experience of social support is not affected by the following 15 independent variables: attends church, no education, passing through a reception center, number of groups to which a youth belongs, received services, returned to family, sum of 5 violent acts inflicted on family members, forced to harm family or friend, abducted for more than 2 weeks, age, received amnesty, forced to kill, gender, worked in last 4 weeks, and years of education attained.

$$H_1: \text{At least one } \beta_i \neq 0.$$

Alternative Hypothesis: One's experience of social support is affected by at least one of the following 15 independent variables: attends church, no education, passing through a reception center, number of groups to which a youth belongs, received services, returned to family, sum of 5 violent acts inflicted on family members, forced to harm

family or friend, abducted for more than 2 weeks, age, received amnesty, forced to kill, gender, worked in last 4 weeks, and years of education attained.

Phase 2

As Phase 2 involves the collection of qualitative data there are no hypotheses, only two primary research questions. The research questions that guide the collection of qualitative data are:

1. Can you describe your experience of social support in your community since you returned from the bush?
2. What effect has this experience had on your life?

Informed by the results of the quantitative analysis, semi-structured interviews explored how former child soldiers in Northern Uganda experienced social support in their community post-conflict. The qualitative findings were then triangulated with the results from the Phase 1 quantitative analysis, enhancing study credibility and trustworthiness, as well allowing for space to critically assess points parallels and points of divergence within the data.

Research Design

A brief summary of the methodology follows which includes a discussion of the study participants, the instrumentation used in data collection, and the procedure followed throughout this research agenda. A more thorough discussion of the methodology is available in Chapter 3.

Study Participants

Phase 1. Using World Food Program data, households in two northern Uganda districts were randomly selected and interviewed regarding all persons living in their

home in 1996. In stage two, individuals (age 14-35) were randomly selected from the retrospective household rosters for inclusion in individual surveys. The final sample included 741 males and 619 females, both abducted and non-abducted.

Phase 2. In partnership with CRESO, convenience sampling was used to sample study participants. Twenty respondents participated in semi-structured interviews in Gulu. There was an even number of male and female participants, with ages ranging from 20 to 40 years old; the mean age was 28 for this group. All participants were abducted as children and abduction lengths varied from 8 months to 19 years. In order to ensure the consent process communicated the study effectively and in a way that was congruent with the local context, an oral consent document was created and modified in consultation with research assistants at CRESO.

Instrumentation

Phase 1. Data from the SWAY study were downloaded from the principal investigator's research blog (Blattman, 2012). The Survey of War Affected Youth is a survey that assessed individuals' retrospective experiences of war and violence, as well as current psychosocial adjustment (Annan et al., 2011). The survey examined well-being in a multidimensional manner in which economic activity, physical and mental health, community participation, social support, and risky behavior were covered. Respondents also completed a locally adapted version of the Harvard Trauma Questionnaire which inquires about a variety of trauma events as well as the emotional symptoms that are considered unique to trauma (Harvard Program in Refugee Trauma, 2011). Psychosocial outcomes were assessed with an adapted measure of social support using an additive index of 17 concrete forms of support received from family, friends and other community

members in the previous month (such as someone lending you things, praising you, giving you advice, or helping you find work) (Barera, Sandler & Ramsay, 1981; Blattman & Annan, 2010). The researchers also adapted an additive index of psychological distress using 17 self-reported symptoms of depression and anxiety from the Northern Uganda and Youth Psychosocial Adjustment Scale (Blattman & Annan, 2010; MacMullin & Loughry, 2002). War experiences were assessed by asking participants about abduction length, age of abduction, violence experienced and violence perpetrated.

Phase 2. Interviews for the former child soldiers followed a semi-structured protocol with the primary investigator acting as the interviewer along with an interpreter provided by CRESO. All interviews lasted between 45 minutes and 1.5 hours and were digitally recorded for later transcription and analysis. In consultation with research assistants at CRESO, two primary research questions comprised the interview protocol. These questions regarding youth experiences of social support in their community and the impact these experiences have had on their life. Follow-up, probing questions were interspersed throughout the interview as needed to elicit more information regarding the phenomenon of interest. While these probing questions differed from interview to interview, the two questions of the interview protocol remained consistent for all participants.

Procedures

Phase 1. Quantitative data analysis, using the Statistical Package for Social Sciences (SPSS), proceeded in three stages. First, data were cleaned and assessed for missingness. Second, the following assumptions were tested and met: a linear relationship between the dependent and independent variables, multivariate normality,

multicollinearity, autocorrelations, and, homoscedasticity. With the assumptions met, the third and final step was to run a multiple regression to determine the most salient correlates of social support for former child soldiers living in Northern Uganda.

Phase 2. Procedures for handling the qualitative data proceeded in the following stages. Prior to data collection, the primary investigator bracketed out their own assumptions and experiences that may impact or bias data collection or analysis. Once data were collected, the data were de-identified using a number system, encrypted, and uploaded onto a secure University of Denver (DU) server, only accessible using VPN. The DU server is password protected with a password only known to the primary investigator of this study. All data were then de-identified and transcribed using Microsoft Word. Once transcription was completed, Atlas.ti was identified as the qualitative data software suitable for data analysis. After transcripts were read and re-read, significant statements or quotes pertaining to the phenomenon of interest were extracted and grouped into themes. These themes were then analyzed for their textual (what participants experienced in terms of support) and structural components (how they experienced it). Finally, these components were integrated allowing the researcher to capture the essence of the phenomenon.

Once data streams from Phase 1 and Phase 2 were analyzed, data were triangulated. Triangulation of the data allows the primary investigator or researchers involved to truly capture the entire phenomenon of interest. In this study that phenomenon is community-based social support for former child soldiers living in Northern Uganda.

Assumptions and Limitations

Naturally, there are some assumptions that guide this research. There are two philosophical assumptions that should be made explicit. The ontological assumption within this study is that reality is subjective and therefore requires the use of participant verbatim statements to capture the phenomenon of interest (Creswell, 2007). The axiological assumption pertains to the notion that research is value-laden and impacted by researcher bias (Creswell, 2007). To account for this, bracketing, extensive field notes, and journaling were utilized to hold the primary investigator accountable to the research and research participants.

There are also assumptions pertaining to the data itself. As Phase 1 utilizes secondary data analysis, meaning this researcher did not assist in the collection of the data, it is assumed that SWAY data were collected, recorded, and made public in line with all Institutional Review Board guidelines. Dr. Chris Blattman and Dr. Jeannie Annan, primary investigators of SWAY, are both highly distinguished in their field and this researcher was honored to use their data. As this research relied on convenience sampling with the assistance of CRESO, it is also assumed that all participants for the semi-structured interviews were honest and as accurate as they could possibly be in terms of their experience of social support.

In terms of the limitations of this study, there are some that merit discussion. Data regarding reliability of the survey instruments in Phase 1 is not currently available, but reports detail that SWAY researchers spent several months in the field developing instruments in consultation with community leaders, psychosocial counselors, youth groups, and other researchers (Annan, Blattman, Mazurana & Carlson, 2008). Another

limitation regards the time frame in which both phases of data were collected. SWAY data collection occurred from July 2005 to August 2007 while qualitative interviews were conducted in January 2016. As this study centers community-based social support as the phenomenon of interest, a case could be made that support experiences during the height of the conflict would be much different than support occurring once major aspects of the conflict have subsided. Despite this concern, it was determined that maintaining a researcher lens that considers the multiple levels of the ecological system present in both phases of data collection would appropriately address this limitation. Finally, member checking, where researchers return to participants to ensure the data and analysis captured the essence of the phenomenon of interest, did not occur. Due to time and funding constraints, returning to Uganda for member checking is not possible. However, this study will be disseminated to the larger Gulu community, including study participants. If any issue arises in how the data were interpreted, the necessary changes will be made.

Definition of Key Terms

Child soldier

According to the *Cape Town Principles and Best Practices*, a child soldier is defined as:

any person under 18 years of age who is part of any kind of regular or irregular armed force or armed group in an capacity, including but not limited to cooks, porters, messengers and anyone accompanying such groups, other than family members. This definition includes girls recruited for sexual purposes and for forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms. (UNICEF, 1997, pp. 8)

Within this study the following terms or phrases are used interchangeably to refer to a child soldier: child soldier, youth combatant, underage combatant, child/children associated with armed forces or armed groups, youth involved in armed conflict, respondents, formerly abducted, youth formerly associated with fighting forces.

Reintegration

Reintegration refers to “the process of helping former combatants return to civilian life and readjust both socially and economically” (Machel, 2001, p.14).

Reintegration may occur formally as part of larger DDR programming or it may proceed as an informal process via one’s family and the larger supports and services within the community.

“the bush”

The bush refers to undeveloped, rural land. It is typically very thick, almost forest-like. Many armed rebel groups take their combatants, including child soldiers, into the bush for indoctrination, training, and to live when not on the move.

Social Support

The literature provides many different definitions of support and support related concepts. In this study, social support is defined as,

an interpersonal transaction involving one or more of the following: (1) emotional concern (liking, love, empathy), (2) instrumental aid (goods or services), (3) information (about the environment), or (4) appraisal (information relevant to self evaluation). (House, 1981, p.39)

Summary

In this introductory chapter a succinct, yet thorough understanding of the child soldier issue was provided. By understanding the background of the child soldier issue,

from the historical context of child soldiering to the way it manifests itself as a modern day social phenomenon, it is possible to situate the issue as one necessitating study. With data collection for both phases occurring in Uganda, the history and political processes of Uganda were illuminated to include a discussion of the Lord's Resistance Army, the major rebel group charged with fueling the child soldier crisis in Uganda and neighboring countries. With the background in place, a discussion of the study purpose and significance followed allowing the reader to understand the current gaps in knowledge related to this issue and how this study aims to fill those gaps. Research questions and a brief discussion of the research design were provided with the premise that a more thorough understanding of the methodology is provided in Chapter 3. Finally, assumptions and limitations were explicated as were definitions for some key terms that either have more than one meaning in the literature or that might be unfamiliar to a western audience.

The next chapter provides an in-depth, critical review of the literature pertaining to child soldier outcomes. First, the theoretical framework undergirding this study is discussed. It is imperative that a deep understanding of the theoretical framework is grasped as this framework guides the entire conceptualization of this research agenda. With the framework in place, a review of the literature is then possible. The literature, still in its infancy compared to most fields, can be divided into two broad themes: war experience and psychosocial outcomes; and reintegration processes and outcomes. These themes allow us to couch the literature into two broad, yet distinct categories.

Chapter 2: Literature Review

Alcinda Honwana's extensive fieldwork in Mozambique and Angola appropriately captures the way indigenous notions of war, both as an act and a space, continue to impact the individual and their community, even once conflict subsides:

War is conceptualized in opposition to society as a space without norms or as a place where social norms are routinely violated. People are trained to kill and harm others and rewarded for breaking social codes. Those individuals who have been exposed to war are not easily accepted back into society, for they are considered polluted. This pollution is believed to arise from contact with death and bloodshed. Individuals who have been exposed to war, who killed or saw people being killed, are regarded as polluted. The "wrong-doings of the war" are a dangerous form of disorder. Those people who were caught up in it are contaminated by the spirits of the dead and are potential contaminators of the social body. (2006, pp.105)

For many in the West, war is discussed in abstract terms. "It" is something that happens "over there". For child soldiers, however, war is something they have experienced; it is a part of them. In many armed conflicts where child soldiers are present, wars are waged in communities, amongst neighbors, and between families. Healing the wounds of war, then, becomes an exercise in healing individuals and their communities together.

Honwana's analysis of war reveals the relational aspect of armed conflict, stressing the importance of situating the individual, their experience, and their recovery as connected to their larger social system. In order to critically appraise the knowledge base attending to this issue, however, it is crucial to understand the theoretical framework that informs the current study and is tacitly implicated throughout this burgeoning

research stream. A critical analysis of the research follows, with the research partitioned into two broad themes: war experience and psychosocial outcomes; and reintegration and treatment outcomes. Using these themes as a guide, empirical evidence and research related to child soldiers will be critically analyzed. As data collection in conflict and post-conflict settings presents numerous challenges, the dominant methodological approaches attending to this issue will be examined as well. Additionally, important gaps in the knowledge base related to this issue will be discussed. Finally, with the knowledge gaps as a guide, a rationale for the present study is presented including how this current research agenda will address any gaps in our current knowledge base.

Theoretical Framework

Before a discussion of the literature base pertaining to children associated with armed conflict commences, it is necessary to explicate the theoretical framework surrounding this phenomenon. Here, the theoretical framework serves two primary functions. First, it assists in understanding the literature or what we know about this phenomenon. Second, the theoretical framework acts as guide for future research, allowing researchers to identify those gaps or challenges necessitating our attention. This section begins with a brief historical discussion detailing the shift in sociological research to consider the relationship between the individual and their environment. The concept of stress and its connection to poor psychosocial outcomes is examined, allowing us to better understand the primary theory, social stress theory, which guides this study. An in-depth review of social stress theory follows including how this framework has been used to consider the impact of stigma in the post-conflict environment on the recovery of former youth combatants. As social stress theory centers the interaction between an

individual and their environment, it is necessary to also discuss ecological systems theory. Through ecological system theory, one's environment is conceptualized as multiple interconnected systems. Together, social stress theory and ecological systems theory make it possible to holistically understand how former child soldiers interact within their community. Moreover, these theoretical perspectives allow us to better target interventions for this group.

Situating the individual in society

Emile Durkheim's *Suicide* is considered to be the first product of scientific sociology. In his work, Durkheim argued that suicide was not solely an individual act, but an act of social fact, tied to social structures. Durkheim (1951) found that suicide rates increased as social integration decreased. Essentially, he concluded that if an individual lacks social ties they suffer in some way or another, stating, "social man necessarily presupposes a society which he expresses and serves. If this dissolves...we are bereft of reasons of existence...In this sense it is true to say that our activity needs an object [social goal] transcending it" (1951, pg. 213). While Durkheim acknowledged the presence of individual choice and individual actions, his work forced the field to consider the tension between the individual and society.

Durkheim's liberalism, where individualism was integrated within a social and moral framework, directly influenced his desire to situate the individual within the social environment and consider the two via scientific inquiry (Seidman, 2008). This analysis would later be coined the *sociological imagination* by C. Wright Mills. Mills believed that there needed to be an awareness of the relationship between individual experience and the larger society. Mills (1959) asserted, "we cannot solve societal conflicts, nor

personal turmoil, until we have considered the institutions of society in relation to our own situations” (p.13). Through Mills and the sociological imagination, issues at the personal or individual level are connected to their social roots. Once that connection is made explicit, similar to Carol Hanisch’s phrase “the personal is political”, it is hoped that newly empowered individuals would then engage in societal engagement or transformation. Through the work of Emile Durkheim and C. Wright Mills researchers were exposed to the importance of the environment in shaping one’s circumstances. It is this lens and through this reasoning that social stress theory was chosen as the appropriate framework for conceptualizing how former child soldiers are situated in the post-conflict environment.

The inclusion of the social in scientific analysis has revealed the importance of context and environment in shaping our daily realities. Historically, research regarding youth involved in and affected by armed conflict is based in Western psychological theory, with humanitarian responses primarily reflecting Western perspectives (Kostelny, 2004). Yet, when working in high context cultures, meaning collectivist cultures that value interpersonal relationships, it is imperative that the theoretical frameworks guiding interventions and policy responses are grounded in the social as well as the individual. Undergirding this study is social stress theory as the theoretical framework that helps to conceptualize how former child soldiers experience support in the post-conflict environment.

Social Stress

Models of social stress have been utilized as the primary framework for understanding the relationship between social status and mental health (Dressler, Oths &

Gravlee, 2005; Horwitz, 1999). The link between stress and poor outcomes is well documented. Broadly, stress increases one's likelihood of psychological morbidity, physical morbidity and mortality (Brown, 1984). Stress has been examined as a predictor of drug and alcohol use (DeHart, Tennen, Armeli, Todd, & Mohr, 2009) and drug and alcohol dependence (Mattoo, Chakrabarti, 1 & Anjaiah, 2009). Stress has also been linked to psychological distress, namely depression and anxiety (Mirowsky & Ross, 2003; Pearlin, Menaghan, Lieberman & Mullan, 1981). The literature also shows that more vulnerable members of society, like women, the elderly, and those living in poverty exhibit higher psychological distress compared to their more privileged counterparts (Mirowsky & Ross, 2003; Thoits, 1995). Dooley and Catalano (1980) expanded our view of stress by linking fluctuations at the macro level to micro level experiences of distress. Further, by examining *stress carry over*, researchers have explicated the cross-generational effects of stress by showing the impact of parents' stressors on their children (Avison, 1993). By recognizing how research has furthered our conceptualization of stress and how it relates to various psychosocial outcomes, it is possible to understand stress in relation to the experiences of youth combatants.

Social Stress Theory

Stress refers to a process where one experiences, perceives, and responds to a challenging or threatening event (Lazarus & Folkman, 1984). A stressor, on the other hand, relates to an event that causes one to experience stress. Therefore, social stress theory posits that one's position in the social structure results in exposure to stressors, which, in turn, leads to stress-outcomes (Aneshensel, 1992). Here *stress* as a construct is understood to be a psychological state that is a result of one's location in individually

relevant social systems (Aneshensel, 1992). To put it simply, social position confers either advantages or disadvantages that may impact well-being (Thoits, 1999). Social position is analogous to social status and within this study specifically refers to a youth's status as a former child soldier. This position becomes even more detrimental when examining the experiences of female child soldiers. Thinking back to the writings of Durkheim and Mills, it becomes clear that in order to understand the individual experience of stress, we must consider the social context and how it exposes one to various stressors. Using this theory as a guiding lens, children formerly associated with fighting forces are at increased risk for experiencing discrimination upon return to their communities as a direct result of their new status as a child soldier.

Social stress theory has appropriately been adapted as one way to conceptualize how post-conflict stigma may serve as the link between war experience and psychosocial adjustment, a reoccurring research theme within the child soldier literature (see Figure 3). Stigma occurs when one is labeled, categorized, or treated in a discriminatory manner by someone in a position of relative power (Betancourt, Agnew-Blais, et al., 2010). This adaptation proposes that war experience (trauma) leads to a prescribed social status (former child soldier), which causes stress (stigma & discrimination), leading to poor health outcomes (psychosocial adjustment). Within this theory, stigma not only results in increased stress, but it also impedes an individual's access to coping resources (Aneshensel, 1992; Betancourt, Agnew-Blais, et al., 2010).

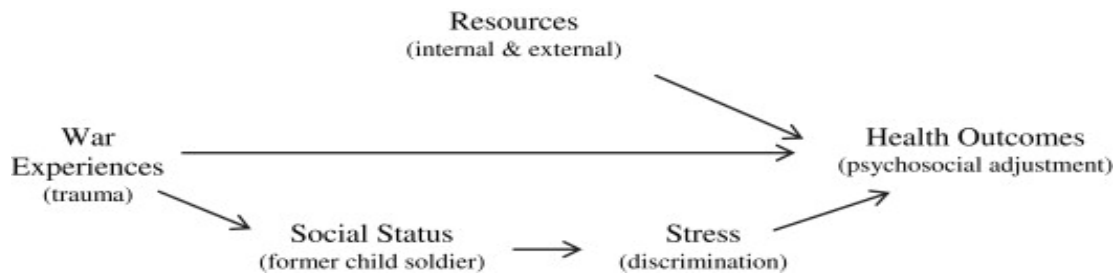


Figure 3. Adapting social stress theory to the situation of former child soldiers

With war experience creating the social status of child soldier, it becomes necessary to understand what characterizes this experience as well as the outcomes associated with the experience. These experiences, as reported by former child soldiers, include witnessing torture, beatings, and killings, being a victim and perpetrator of forced sexual acts, having to torture and kill others, and raiding, looting, and burning villages (Corbin, 2012). According to UNICEF (2005) women and girls, when compared to male combatants, are at increased risk for sexual exploitation, HIV and other Sexually Transmitted Diseases (STDs), and have been forced to marry other fighters. Once removed from conflict, organizations aid in the process of reintegrating these youth back into their home communities. The child soldier status is especially detrimental for girls as they attempt reintegration, both socially and economically due to their location “in societies where being unmarried is tantamount to social exclusion, and marriage and motherhood convey womanhood” (McKay, 2006, p. 97). Many girls, notably those returning with children, find hardship in negotiating their new or perceived identities. Furthermore, as discussed earlier, many girls do not benefit from formal DDR where the processes of healing and reintegration are initiated (McKay, 2006). Because former female child soldiers are viewed as having violated gender and societal norms, the

discrimination they experience is amplified, leading to an increased risk for negative health outcomes. As Pearlin (1989) asserts "the structural contexts of people's lives are not extraneous to the stress process, but are fundamental to that process" (pg. 242). Therefore the plight of these girls must be considered within the context of a patriarchal society where privileges and benefits are reserved for those who uphold existing normative views of gender and gender roles. Finally, social stress theory postulates the protective role of resources, internal and external, that can buffer the risk of poor outcomes (Aneshensel & Phelan, 1999). For example, protective factors like community support and availability of opportunities have shown to contribute to healthy long-term outcomes for former child soldiers (Corbin, 2008).

Social stress theory and child soldiers. A majority of the research on child soldiers, specifically research assessing mental health and psychosocial well being, focuses on the link between war experience or exposure to violence and mental health outcomes. Research, however, has recently begun to assess the impact of post-conflict stigma on the psychosocial adjustment of these youth (Betancourt, Agnew-Blais, et al., 2010). In their longitudinal study of 152 former child soldiers in Sierra Leone it was found that stigma, measured as perceived discrimination, was significantly related to increases in depression, anxiety, and hostility independent of war experience (Betancourt, Agnew-Blais, et al., 2010; Betancourt, Brennan, et al., 2010). In relation to protective factors, an increase in family acceptance demonstrated an inverse association with hostility, while an overall increase in community acceptance resulted in higher levels of adaptive attitudes and prosocial behaviors over time. In line with these findings, while assessing former child soldiers in Uganda, it was found that severity of exposure to

traumatic events while in captivity, in relation to post-conflict functioning, was overshadowed by quality of recovery context and perceived spiritual support (Klasen, Oettingen, Daniels, Post, et al., 2010).

Betancourt, Agnew-Blais, et al. (2010) assembled evidence that much of the trauma experienced during war is exacerbated by post-conflict stigma. The adaptation of social stress theory to child soldiers can broaden the conceptualization of outcomes of interest for this population. As Betancourt, Agnew Blais, et al. (2010) emphasize, it is imperative that the psychosocial adjustment of child soldiers is viewed as a complex process composed of risk and protective factors “in the pre-, peri- and post-conflict environment” (p.24). In order to truly understand the relationship between the post-conflict environment and the recovery of these youth, it is imperative that we parse out the distinct yet interrelated systems that constitute one’s entire domain.

Ecological Systems Theory

Urie Bronfenbrenner is credited as one of the founders of Ecological Systems Theory. His work provides an ecological model and presents human development as a process defined by how an individual perceives and interacts with their environment as well as how they are in turn, shaped by their environment (Bronfenbrenner, 1979). This model divides the social environment into four levels: Microsystem, Mesosystem, Exosystem and Macrosystem. The microsystem is characterized by the individual’s immediate social contacts with the family playing a key role in this level. The microsystem impacts how a child grows and develops. With a more nurturing microsystem, the child is able to develop and grow in a healthy manner, whereas a more negative microsystem results in negative psychosocial adjustment. The mesosystem

refers to how the different components of one's microsystem interact. Strong linkages result in increased support while disconnections at this level can lead to disorder and negatively impact development. The exosystem is comprised of social structures, both formal and informal, in which the person and their family functions. These structures include the local community, jobs, schools, support groups, etc. (Cicchetti et al., 2000). While one may not be directly associated with these structures, they indirectly impact development and one's ability to fully participate in their community. The macrosystem represents the norms, institutions, and policies that affect social processes (Cicchetti et al., 2000). For former child soldiers, a major part of their macrosystem includes the presence of armed conflict in their immediate community and larger country context.

Ecological systems theory and child soldiers. Current trends suggest that child soldier research must shift its focus from the individual and their wartime experience to the interaction between these youth and their communities post-conflict (Amone-P'Olak et al., 2013; Betancourt, McBain, Newham & Brennan, 2013). In fact, research has started to document the adverse effect of community stigma on the rehabilitation process over and above one's wartime experience (Betancourt, Agnew-Blais, et al., 2010; Kohrt et al., 2008). Meaning, the experience of being a child soldier can be further exacerbated by negative interactions between the youth and their community. On the other hand, research has also documented the ways social support aid in one's recovery and reintegration.

While the experiences of children in armed conflict vary widely, one commonality impacting post-conflict reintegration and adjustment is the community context. As the research shows, the community can be one of the biggest hindrances to reintegration,

specifically for former female combatants, because of oppressive social norms (Coulter, 2008). Fortunately, as shown in the purification and healing ceremonies commonly used in Sierra Leone, Angola, and Mozambique, it can also be the richest conduit for reconciliation and peace. A review of the literature follows allowing us to better understand the unique sociocultural context of these youth and how it is connected to their past experiences as child soldiers. The literature presented below is broadly divided into two primary categories: war experience and psychosocial outcomes, and reintegration and healing. The first category, war experience and psychosocial outcomes, is further partitioned into “negative outcomes” and “positive adaptation and resilience”. The second category, reintegration, is separated into “reintegration processes” and “treatment interventions to improve psychosocial functioning”.

War Experience and Psychosocial Outcomes

Negative outcomes for former child soldiers

In one vein, research attending to the issue of child soldiers explicates the direct link between war experience and psychosocial outcomes (Amone-P’Olak, Lekhutile, Meiser-Stedman, & Ovuga, 2014; Amone-P’Olak, Ovuga, Croudace, Jones, & Abbott, 2014; Betancourt, Agnew-Blais, et al., 2010; Betancourt et al., 2011; Derluyn et al., 2004; Dickson-Gomez, 2002; Ertl, Pfeiffer, Schauer-Kaiser, Elbert, & Neuner, 2014; Klasen, Oettingen, Daniels, & Adam, 2010; Klasen, Reissmann, Voss, & Okello, 2015; Song & de Jong, 2014; Song, de Jong, O’Hara, & Koopman, 2013; Song, Tol, & de Jong, 2014; Vindevogel, de Schryver, Broekaert, & Derluyn, 2013). The research in this area consistently prioritizes a male presence or experience over that of females involved in armed conflict, making it difficult to adequately discern the negative outcomes present

within the female population. It is also important to note that due to the vulnerability and invisibility of female soldiers, gaining access to this population is extremely difficult and may inhibit the availability of rich data regarding experiences, outcomes, and needs. Fortunately, of the data reviewed in this section each study incorporated girls into each sample and, where possible, explicated where outcomes differed along gender lines.

In their work with former child soldiers in Sierra Leone, Betancourt, Agnew Blais, et al. (2010) examined the role of stigma in the association between war experience and psychosocial adjustment. Baseline data (T1; $n=260$) was collected in two stages where a master list of youth who passed through Interim Care Centers (ICC) was compiled and then narrowed using age criteria. At follow-up (T2) participants ($n=152$) were re-interviewed. Data for all participants were collected through face-to-face interviews. The sample was predominately comprised of boys (11% female, 89% male). In relation to war experience, 44% of girls experienced rape compared to 7% of boys, while 31% of former female child soldiers and 35% of former male child soldiers injured or killed someone. Adjusting for age and socioeconomic status, “gender was a marginally significant predictor of perceived discrimination due to being a child soldier ($b=1.84$, $p = .052$)” (p. 22). Seventy-one percent of all youth reported exposure to discrimination where wounding, killing, and surviving rape were significantly associated with perceived discrimination. Adjusting for all other factors, perceived discrimination remained a significant predictor of increases in depression over time ($p < .001$). When protective factors were added to the model for depression, only family acceptance showed an inverse and marginally significant relationship to depression symptoms ($p = .06$), meaning family acceptance buffered the effects of depression in study participants. While

family acceptance mitigated depression, being raped significantly predicted an increase in depression over time ($p = .01$). Moreover, surviving rape was significantly associated with higher levels of anxiety ($p < .001$) (Betancourt, Agnew-Blais, et al., 2010). Of specific importance to this review is the distinction in outcomes between female and male combatants.

In regards to younger age at abduction and female gender, surviving rape and experiencing stigma remained significant predictors of higher levels of anxiety at T2; after adjusting for stigma, being raped continued to exert a significant main effect on increases in hostility ($p < .001$) (Betancourt, Agnew-Blais, et al., 2010). Additionally, female gender was negatively associated with adaptive attitudes and behaviors ($p < .001$). While both male and female former combatants reported exposure to post-conflict stigma and discrimination, for girls this stigma and discrimination includes a label of defilement and promiscuity. These labels create a compound risk for girls, resulting in obstacles for marriage prospects, negatively impacting one's economic stability and showcasing yet another way these female youth are unable to fully reintegrate into society (Burman & McKay, 2007). Therefore for girls specifically, post-conflict stigma exacerbates the effects of war experience and negatively impacts psychosocial adjustment compared to their male counterparts.

Building off the previous prospective study, Betancourt et al. (2011) utilized a cross-sectional analysis of data to examine the association between war experience, mental health, and gender among former child soldiers in Sierra Leone. Participants were identified through ICCs as well as out-reach lists compiled by various non-governmental organizations. Data from the study sample ($N=273$, 29% females) were collected via

face-to-face interviews. Individual-level experiences were assessed using an adapted version of the Child War Trauma Questionnaire, a 4-item survey evaluated socioeconomic status in relation to other community members, the Hopkins Symptom Checklist assessed depression and anxiety, and finally, an IRC/Oxford Psychosocial survey instrument examined hostility, confidence, and prosocial attitudes. In this study, 44% of girls and 5% of boys experienced rape, while witnessing and perpetration of violence was comparable for both boys and girls. In relation to mental health, more girls fell into the clinical range for depression (72%, $p = .008$) and anxiety (80%, $p < .001$) compared to boys in this study. Multiple regression analysis found that female gender was a significant predictor of lower confidence levels. Furthermore, girls reported far less access to protective factors like education, which is problematic as when adjusting for all factors, school attendance was positively related to higher confidence levels and prosocial attitudes. The study also shows that even when adjusting for war experience, girls had a harder time maintaining positive self-esteem and confidence post-conflict. These results demonstrate two things. First, girl soldiers in Sierra Leone were sexually victimized at higher rates than male combatants while in captivity (Betancourt, Agnew-Blais, et al., 2010; Betancourt et al., 2011). Second, male domination in Sierra Leone coupled with the stigma surrounding female combatants and rape serves to further marginalize and negatively impact this population (Betancourt et al., 2011).

In line with exploring the link between war experience and mental health, researchers investigated the relationship between war experience and symptoms of anxiety and depression among former child soldiers ($N=539$) in northern Uganda (Amone-P'Olak, Ovuga, et al., 2014). Irrespective of gender and age, the following war

experiences were related to symptoms of depression and anxiety: causing direct personal harm, witnessing violence, deaths, threats to loved ones, involvement in hostilities, and sexual abuse. Sexual abuse ($\beta = .32$, $SE = .17$, $p < .001$) independently predicted symptoms of depression and anxiety in females, but not male youth. As previous research has shown (eg. Betancourt et al., 2010 a; Betancourt et al., 2011) when former female child soldiers return from the bush they face both stigma and marginalization for having subverted traditional gender norms, regardless of their experiences as a victim. Teasing out the impact of sexual abuse to determine where the relationship with depression and anxiety lies, whether it's from the act itself, from how one is perceived after the act, or a combination of the two, would greatly enhance our ability to appropriately support this group. For males alone, threats to loved ones ($\beta = .13$, $SE = .07$, $p < .001$) independently predicted symptoms of anxiety and depression. Often when youth are abducted they are forced to kill a family member or are threatened that their family will be killed if they attempt escape. Compounding this experience is the post-conflict fear that many community members have of former male combatants. Therefore for many boys, they must overcome being viewed as aggressive and dangerous, while simultaneously reconciling past actions and working through protecting or failing to protect those closest to them. From the data, one can see that there are many dimensions of war experience that predict symptoms of depression and anxiety in different ways. This is especially important as service providers work to tailor interventions targeting this group. Additionally, as these data were collected more than 6 years after the youth had returned from captivity, this study provides insight into the long-term impacts of involvement in armed conflict for this group.

Expanding on the previous research on war experience and mental health outcomes, Klasen et al. (2015) utilized a sample of 330 former child soldiers in Uganda to examine guilt and how guilt affects psychopathology. A 3-step hierarchical linear regression was conducted to predict guilt, two hierarchical logistic regression analyses were used to predict Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD), and a linear regression analysis was used to predict externalizing problems. There was a significant gender difference in the number of traumatic experiences as victim ($M_{\text{girls}} = 9.91$, $SD = 2.62$; $M_{\text{boys}} = 10.58$, $SD = 1.90$ (range 0-6)) and perpetrator ($M_{\text{girls}} = 2.84$, $SD = 2.05$; $M_{\text{boys}} = 3.85$, $SD = 1.83$) indicating that boys experienced more traumatic events as victim ($F(1, 328) = 7.14$, $p = .008$) as well as perpetrator ($F(1, 328) = 22.64$, $p = .000$). The hierarchical linear regression revealed that only a higher exposure to traumatic experiences as perpetrator was related to increased feelings of guilt. Being older ($OR = 1.23$, 95 % CI [1.02–1.48]), having a lower family socioeconomic status (SES) ($OR = 0.93$, 95 % CI [0.86–1.00]), increased incidence of traumatic experiences as perpetrator ($OR = 1.18$, 95 % CI [1.01–1.39]), and having more trauma related guilt ($OR = 1.03$, 95 % CI [1.01–1.05]) were all significant risk factors for PTSD. In terms of MDD, female gender ($OR = 2.08$, 95 % CI [1.18–3.68]), lower family SES ($OR = 0.86$, 95 % CI [0.79–0.93]), more traumatic experiences as victim ($OR = 1.20$, 95 % CI [1.02–1.42]) and higher trauma-related guilt ($OR = 1.04$, 95 % CI [1.02–1.06]) emerged as significant risk factors for MDD. Finally, in assessing the association between guilt and externalizing problems, female gender ($\beta = .12$, $p = .034$), age ($\beta = .18$, $p = .003$), traumatic experiences as perpetrator ($\beta = .14$, $p = .04$) and more trauma-related guilt ($\beta = .25$, $p = .000$) were associated with more externalizing problems. Of particular

importance are the socio-demographic variables and their association with increased psychopathology. Low family SES was a significant risk factor for both PTSD and MDD, meaning one's psychosocial adjustment is directly connected to economic stability. Further, female gender was cited as a risk factor for MDD and externalizing problems. These findings, specifically those related to being a former female child soldier, are supported by previous work in Uganda and Sierra Leone where girls were at an increased risk for both depression and having less prosocial attitudes (Betancourt et al., 2011; Klasen, Oettingen, Daniels, & Adam, 2010).

Continuing their work on investigating the relationship between war experience and mental health outcomes, Amone-P'Olak, Lekhutile et al. (2014) utilized data from an on-going longitudinal study to perform a cross-sectional analysis aimed at determining the extent that war experience (WE) predicts current suicide ideation (SI) and whether post-war hardship and depression mediate the relationship between war experience and suicide ideation among a sample of former child ($N=539$) soldiers living in Northern Uganda. An adapted version of the UNICEF B&H Post-war Screening Survey assessed war experience and post-war hardships, suicide ideation was captured with the statement "I think about suicide", and depression and anxiety were captured via a subscale of the Acholi Psychosocial Assessment Instrument. Univariate analysis found that witnessing violence, direct personal harm, deaths, involvement in hostilities, sexual abuse, and War Experience total exposure significantly predicted suicide ideation. When these significant variables were tested using multivariate regression analyses, only direct personal harm, involvement in hostilities, and sexual abuse independently and significantly predicted suicide ideation ($R^2= 0.04$ ($F(7, 531) = 5.25, p < .001$). In terms of mediation, there was

a statistically significant direct association between War Experience total exposure and suicide ideation, which was no longer statistically significant once post-war hardships were added, suggesting complete mediation. Regarding depression and anxiety, there was a statistically significant direct association between general exposure to War Experience and suicide ideation, which remained significant once depression and anxiety were included in the model, suggesting partial mediation. These results reveal that certain war experiences contribute to suicide ideation, something clinicians must consider when formulating interventions for this population. These findings are further strengthened by previous work (eg. Amone-P'Olak, Ovuga, et al., 2014) where researchers noted the importance of capturing and understanding the disparate elements of war experience and its corresponding impact on post-war recovery. Additionally, by understanding the unique role that depression and anxiety as well as post-war hardships assume as pathways in the relationship between war experience and suicide ideation, it is possible to better target interventions that address the various psychosocial factors at work.

While the previous studies primarily focused on war experience, Derluyn et al. (2004) interviewed 301 youth ($N=301$) who had been abducted by the LRA in northern Uganda in order to elucidate their experiences during abduction. From the entire sample, a sub-group of 75 youth were randomly selected, with 71 ($n=71$) agreeing to complete the impact of event scale revised (IES-R). The IES-R utilizes self-report to assess for PTSD with subscales examining intrusion, avoidance, and hyperarousal. For the entire sample ($N=301$) there were no significant differences in demographic data or social variables between those youth who completed the IES-R and those who did not. For those youth who completed the IES-R, 97% ($n=69$) demonstrated very high rates of PTSD symptoms.

Additionally, death of one's mother led to higher mean avoidance scores ($p = .04$) for girls with almost no change for boys. The presence of a parent or caregiver, specifically a mother, showed to be a protective factor against stress outcomes, emphasizing the vital role a parent can play in the recovery of a child. These results, when juxtaposed with the findings by Betancourt, Agnew-Blais, et al. (2010), lend credence to the importance of family in attenuating the effects of negative mental health outcomes. This is especially important for girls as the post-conflict environment as an entire system has shown to be much more amenable to the rehabilitation and reintegration of former male child soldiers than female combatants. While this study is severely limited by a disproportionate representation of male combatants compared to female combatants (82% and 18%, respectively), the next study exhibits an almost equal representation of boys and girls (Klasen, Oettingen, Daniels, & Adam, 2010)

Klasen, Oettingen, Daniels, and Adam (2010) conducted a cross-sectional study in which 330 ($N=330$; 49% female) former Ugandan child soldiers were interviewed to determine the impact of war experience and domestic and community violence on mental health status. These findings were then compared along gender lines to determine points of divergence as well as convergence. The Child War Trauma Questionnaire assessed demographic variables and traumatic experiences, a self-developed checklist assessed domestic and community violence, the MINI-KID assessed PTSD and MDD, and finally, the Youth Self-Report utilized eight scales to screen for behavioral and emotional problems. For girls, of whom 42% were orphans at the time of data collection, even though they were more frequently assigned domestic chores during their time in the bush, self-report data reveals that 44.6% reported having killed someone. In regards to rape,

29.4% of girls reported being raped while in captivity compared to 22.4% of boys and 33% of girls scored within the diagnostic range for PTSD and 38% scored within the diagnostic range for MDD. It is important to note that there were no significant differences between boys on these mental health outcomes. In relation to behavioral and emotional problems it was found that 66% and 26% of the total sample scored above the cutoff for internalizing problems and externalizing problems, respectively. The data provides evidence that internalizing problems are much more prevalent in former child soldiers than externalizing problems, negating the commonly held assumption that child soldiers tend toward violence and aggressive behavior in the post-conflict environment. Finally, this study revealed that traumatic experiences during abduction coupled with domestic and community violence pose a significant risk for mental health outcomes in these youth (Klasen, Oettingen, Daniels, & Adam, 2010).

While the studies presented previously (eg. Amone-P'Olak, Lekhutile et al., 2014; Amone-P'Olak, Ovuga, et al., 2014; Betancourt, Agnew-Blais, et al., 2010; Betancourt et al., 2011; Derluyn et al., 2004; Klasen, Oettingen, Daniels, & Adam, 2010; Klasen et al., 2015) focused exclusively on former child soldiers, Ertl et al. 2014 expanded their cross-sectional, population based survey to include abducted and nonabducted youth ($N=1113$, 43% were abducted). The survey assessed symptoms of PTSD and depression, determined predictors of psychopathology, and related indicators of maladjustment to abduction, level of exposure to violence, and psychopathology. Forty-three percent of the sample had been abducted by the Lord's Resistance Army and 25% of those abducted scored within the diagnostic range for PTSD (7% of nonabducted youth presented with PTSD). Additionally, abducted youth reported increased exposure to violence compared

to non-abducted youth ($t = 28.05$; $p < .001$) and 16% of abducted youth presented with high suicide ideation, compared to 6% among those never conscripted to fight. Experiencing and witnessing events, loss of first-degree relatives, and forced perpetration were identified as risk factors for PTSD among abducted youth. In terms of depression, actively practicing religion alleviated the symptoms of depression for both groups, but had no impact on PTSD. Finally, trauma exposure and psychopathology mediated the relationships between being abducted and maladjustment. These data show that postwar readjustment and reintegration depends greatly on the presence of physical and mental trauma in these youth. By narrowing our understanding of the link between war experience and reintegration, specifically the profound impact of trauma on one's recovery, it is possible to better target interventions for former child soldiers. Moreover, by teasing out the broad concept of "war experience" and elucidating the different contributions of abduction, trauma, and physical violence to mental health and maladjustment, post-conflict interventionists may be able to create highly specific interventions for war-affected populations.

While Ertl et al. (2014) broadened our state of knowledge by surveying abducted and nonabducted youth, research by Derluyn et al. (2004) and Klasen, Oettingen, Daniels, and Adam (2010) extended our understanding of the issues facing child soldiers by considering the impact of both familial and community elements in one's recovery. Expounding on these research agendas is the work of Song and de Jong (2014) where researchers assessed how the experience of being a child soldier impacts adult relationships and community and family relations. These data were collected via semi-structured interviews, focus groups and observational data from 23 former child soldiers

with children living in Burundi. Thematic analysis revealed the following three major categories: learned silence in the rebellion, distrust as a means of coping, and breaking the silence in the family. In the bush, silence was frequently used as a tool to manipulate and control the youth combatants, with many youth employing silence post-conflict as a form of self-protection. Learned silence was undergirded by the intense distrust many former child soldiers had of others. In the bush this distrust was used to keep the former child soldiers from forming friendships and attempting escape. Back in their community, however, many youth continued to distrust community members, a coping mechanism that was further exacerbated by the presence of scapegoating and stigma by community members. Some former child soldiers discussed the need to break the silence, to be understood, and to be accepted within their family and community. While some broke their silence in order to connect with civilians or access services or resources, some of the former combatants broke their silence in order to teach their children about their experience, to teach lessons, and for the female child soldiers specifically, to elucidate their experience of being abandoned by their husbands from the bush. Again, we see the disproportionate impact of being both a female and a child soldier. The use of silence, both as a tool to control and as a form of protection in the bush and during reintegration, greatly impacted interpersonal relationships and further isolated many of these youth. When considering the psychosocial rehabilitation of former youth combatants, practitioners should ensure that silence and its role in interpersonal relationships and isolation is included within programs and services directed towards this group.

While the previous study centered interactions between the formerly abducted youth and their community system, Song et al. (2014) utilized a grounded theory

approach to discern if and how former child soldiers pass their trauma onto their children. Semi-structured interviews, focus groups, and observations were conducted with 25 former child soldiers and 15 matched civilian parents in Burundi. First, researchers introduce the Burundian concept of *Indero*, which refers to a set of values regarding how children should be raised. While both civilian and former child soldier (FCS) parents mentioned *Indero*, FCS parents ensured their children were taught specific lessons regarding coping with anger, avoiding illegal work, and being a hard worker. For female FCS parents, *Indero* also meant teaching their children lessons regarding sexual violence and the importance of finding a responsible, present partner. Second, the interviews revealed the way parental mental distress affects the well being of children borne to FCS parents. For some children this may mean being the target when a parent is experiencing a bout of anger or depression, providing comfort when a parent is having an episode, or having to assume a level of independence due to their parent having to “check out”. The third theme that emerged was the integration of violence into *indero* through disciplinary channels. While corporal punishment is common in Burundian society, and the majority of FCS parents used corporal punishment in comparable styles and rates as their civilian counterparts, some FCS discipline was amplified and directly connected to their experience with violence in the bush. The final theme that emerged was the community as a source of stress. Some FCS experienced a “double dose” of stigma, where they were stigmatized because of the time they spent in the bush and if they were supporters of the political opposition party. This stigma can manifest itself in being targeted verbally and physically, or being completely ignored altogether. Returning to the concept of *indero*, civilian parents perpetuate stigma by using FCS as examples when teaching their children

what not to be and/or do. This research is one of the first published studies to consider the intergenerational impact of child soldiering, and one of the few to include civilian parents as a comparison group. In terms of the transmission of trauma, transmission occurred from parent to child and also from the larger community to child. Therefore, it is imperative that an ecological lens is utilized, which incorporates the individual, the family, and the larger community as integral components for comprehensive healing.

Continuing their work in Burundi, Song et al. (2013) employed a matched-pair, cross-sectional study to assess the association between child soldier status and mental health problems, coping, and perceived community support for former child soldiers in Burundi. These 15 respondents were matched with 15 civilian parents who had never been conscripted. A mix of locally adapted and standard instruments were used to assess (in children) mental health, coping skills, perceived support, perceived family relationships, and current exposure to violence, and in parents, psychological distress, aggression, and perceived family relationships. Mann-Whitney U tests showed that children of former child soldiers (compared to civilian children) reported significantly greater conduct problems, decreased use of problem-solving coping skills, decreased sense of belonging in the community, felt less sibling support, and experienced poorer perceived family relationships. For the former child soldiers and civilian parents, no significant differences were found. In fact, in terms of mental health scores, both parental groups scored within the moderate depression or anxiety disorder category. These findings reveal the invasive nature of the effects of child soldiering. For children of former child soldiers, the experience of community-based stigma can be doubly traumatic as many may desire to turn to the community for support if their parent is unable to

effectively meet their emotional and physical needs, but find themselves unable to. As discussed previously via the Burundian concept of *indero* (Song et al., 2014) the offspring of youth combatants experienced forced independence due to their parents needing to “check out” as a way of coping with their trauma. Furthermore, through *indero* practiced by civilian parents, offspring of former child soldiers and their behaviors may be used as examples as what not to do or how to not behave. Turning towards similar rates of depression and anxiety among former child soldiers and never conscripted parents, the complexity of this issue is reinforced. Widespread poverty, forced displacement, and the threat of violence has been a daily feature of life in Burundi since the 1960s with certain periods of violence constituting genocide by the UN Security Council. Therefore, even though one may have avoided conscription into armed conflict, their experiences and subsequent psychosocial adjustment are directly related to the presence of armed conflict within their community. Similarly, through their work in Northern Uganda, Vindevogel et al. (2013) utilized a stratified random sample of abducted and non-abducted youth ($N=1008$) to determine post-conflict challenges. With most challenges being equally reported, researchers found strong consistency regarding challenges faced by both groups. While abducted youth reported more challenges related to emotional adjustment and stigma, which was amplified for former female child soldiers, the similar challenges faced by both groups point to the importance of healing communities as a whole and not just specific groups. It is imperative that researchers and practitioners working in conflict-affected areas understand the ubiquitous nature of warfare and provide comprehensive services so that combatants and civilians can effectively address their psychosocial needs. By effectively educating civilian

populations it may be possible to reveal those points of congruence between these seemingly disparate groups and therefore dismantle the barriers between civilians and former combatants.

The research of Song et al. (2014) and Song et al. (2013) represents new directions for child soldier-centered inquiry where the intergenerational and historical trauma aspect of suffering are considered. Whereas intergenerational trauma refers primarily to the transmission of trauma within the familial system, historical trauma regards communal suffering, suffering that extends throughout the ecological system (Coyle, 2014). This approach to understanding the far-reaching impacts of war is vital as many countries remain embroiled in conflict for decades.

Breaking from the preponderance of African-centered research, Dickson-Gomez (2002) presents 4 case studies of former child soldiers to determine the long-term impact of a child's participation in war in El Salvador. The civil war in El Salvador lasted from 1979-1992 and was fought between the military government of El Salvador and a coalition of left-wing guerilla groups known as the Farabundo Martí National Liberation Front (FMLN). It is important to note that 3 of the 4 participants actively joined the guerilla forces. The pathways into armed conflict for youth tend to be culturally and country specific with many youth in African conflicts forcibly abducted. All youth in this study recounted experiences as children of having to care for their adult caregivers due to mental trauma. Many families were forcibly relocated during the conflict in El Salvador, lost employment, and experienced the daily effects of fighting in their communities. The role reversal of youth caring for their parents was cited as causing issues related to trust, insecurity, and resentment at the time and later in life for these youth combatants. This

role reversal is echoed in the research out of Burundi where children of former child soldiers noted having to assume a level of independence and responsibility to temper the effect of a guardian checking out mentally or suffering a mental health related episode (Song, Tol, & de Jong, 2014). Youth also discussed the presence of grief and the need to reconcile one's grief with the fact that it must be suppressed in order to "keep going" (Dickson-Gomez, 2002, pp. 341). For the one female participant, she recounted feelings of betrayal and disillusionment as the FMLN promoted gender equality, yet many female combatants experienced sexual victimization at the hands of their fellow guerilla fighters and were left out of FMLN land distribution after the war. As we can see, female participants in war are consistently marginalized and victimized, both during armed conflict and after. All participants noted an inability to adequately provide for and care for their families, causing all four anxiety and feelings of despair, with two male participants also noting struggles with substance abuse.

While the researchers did not explicitly incorporate a historical trauma analysis, doing so would greatly elucidate the unique situation of El Salvador. For example, the FMLN has gained notoriety as a prominent left-wing political party. In fact, the current president of El Salvador, Salvador Sánchez Cerén, was a guerilla leader during the Civil War and is the first ex-rebel to serve as president of a country. For those female combatants who experienced sexual victimization or those combatants who continue to experience stigma and the negative mental health impacts of their participation in hostilities, one can surmise that recovery in the face of a Cerén presidency would be formidable.

Integration of literature on negative outcomes. The studies reviewed in this section support the association between war experience and negative mental health outcomes (Amone-P'Olak, Lekhutile, et al., 2014; Amone-P'Olak, Ovuga, et al., 2014; Betancourt, Agnew-Blais, et al., 2010; Betancourt et al., 2011; Derluyn et al., 2004; Dickson-Gomez, 2002; Ertl et al., 2014; Klasen, Oettingen, Daniels, & Adam, 2010; Klasen et al., 2015; Song & de Jong, 2014; Song et al., 2013; Song et al., 2014; Vindevogel et al., 2013). Betancourt et al. (2011) determined that more former female child soldiers in Sierra Leone fell into the clinical range for depression and anxiety compared to their male counterparts. Similarly, Klasen et al. (2015) found female gender to be a significant risk factor for MDD and increased externalizing problems. On the other hand, earlier work by Klasen et al. (2010) in Uganda, discovered no significant differences between boys and girls on mental health outcomes. Regardless, 33% and 38% of female youth in this study fell into the diagnostic range for PTSD and MDD, respectively. Meaning, while there were no gender differences regarding mental health concerns, the high concentration of abducted youth with PTSD and/or MDD represents a very troubling concern. Rounding out the research on mental health, Ertl et al. (2014) found that trauma exposure and psychopathology mediated the relationship between abduction and maladjustment- meaning, successful reintegration depends heavily on the presence of physical and mental trauma. Adding to the layered issue of mental health is the presence of stigma in the post-conflict community.

Betancourt, Agnew-Blais, et al. (2010) determined that perceived discrimination was a significant predictor of depression over time and that experiencing stigma remained a significant predictor of increased anxiety at the collection of T2 data. Here we see the

cyclical nature of child soldier recovery in the post-conflict environment: youth experience trauma in the bush, which leads to mental health concerns post-conflict, which mediates one's ability to successfully reintegrate, which then further exacerbates one's overall mental health. While this process is occurring, perceived discrimination and stigma are revealing themselves in the form of overt actions all the way to subtle incidences. Therefore, while practitioners are working to address the obvious mental health concerns, continued stigma directed by the larger community towards these youth is actively working against any treatment gains. Perhaps even more incendiary, is the emerging research showing the effect one's experience as a child soldier has on their close familial relationships, including their children.

Research in Burundi has begun to consider the intergenerational impact and historical trauma aspect of child soldiering. Song et al. (2014) found that for former child soldiers with children living in Burundi, the mental health consequences of being a child soldier negatively impacted one's children by having them assume a level of independence when their parent needed to mentally "check out". In some cases, offspring became the target of violence through intensified corporal punishment; interviews revealed a connection between amplified corporal punishment and one's experience with violence while in the bush. Adding to this phenomenon via cross-sectional data, Song et al. (2013) found that children of former abductees reported significantly greater conduct problems, decreased use of problem-solving coping skills, decreased sense of belonging in the community, felt less sibling support, and experienced poorer perceived family relationships compared to civilian children. For youth of abductees, one can surmise that their experience is a compounded one: problems at home cause one to seek solace outside

the familial system, but being labeled a “child of a rebel” or a “bush baby” creates a barrier when seeking support.

The research on negative outcomes reveals the way child soldiering weaves a web of trauma and isolation that extends from the individual, through their family, and into the larger community. Given the high-context nature of many communities absorbing formerly abducted youth, it is not surprising that this issue permeates the larger systems at play. On a positive note, there is evidence that family acceptance acts as buffer against depression in the participants (Betancourt, Agnew-Blais, et al., 2010). Meaning, a supportive family environment can be a space for healing and a step towards successful reintegration. Considering the abundance of research surrounding stigma and perceived discrimination for this group, a focus on the family as a point of intervention, where the family represents one’s closest and most impactful sphere, may be a good place from which to begin addressing and mitigating the negative aspects surrounding one’s time as a child soldier.

Strengths and weaknesses of literature on negative outcomes. While the literature reviewed provides immense insight into the relationship between one’s wartime experience and negative outcomes, it is imperative that the literature is assessed for both its strengths and weaknesses. The first major weakness is not confined to this particular data stream, but rather represents a weakness in child soldier-centered research in general and that is the abundance of research situated within the African continent. Only one article in this sub-section focuses on child soldiers outside of the African context and that is the work by Dickson-Gomez (2002) on former youth abductees in El Salvador. While the larger community of researchers and practitioners attending to this issue agree that

child soldiering is a global phenomenon, research tends to center “Africa” as a primary research site from which to understand this issue. Another weakness, again not confined to this particular data, regards methodological concerns. Only one study utilized longitudinal data to assess the relationship between war experience and psychosocial adjustment (Betancourt, Agnew-Blais, et al., 2010). While other research relies on cross-sectional data (e.g. Ertl et al., 2014; Klasen, Oettingen, Daniels, & Adam, 2010), at times utilizing cross-sectional data of an on-going longitudinal study (e.g. Amone-P’Olak, Ovuga, et al., 2014; Betancourt et al., 2011), the lack of published and publically available longitudinal data severely limits the ability to deliver evidence informed services to this population. Another weakness regards the use of western measures in non-western settings. Conceptions of mental health, from how we discuss mental health, the words we use, and the feelings we attribute to it, directly pull from western psychological theories and practices. While all quantitative studies in this section provide information regarding the internal consistency of measures used and ensured all measures were locally adapted and/or back translated, it is concerning that more measures haven’t been locally derived. On a positive note, however, newer research is documenting the incorporation of the Acholi Psychosocial Assessment Instrument (APAI), a field-based instrument created in Northern Uganda (Amone-P’Olak, Ovuga, et al., 2014; Amone-P’Olak, Lekhutile, et al., 2014). As more instruments are locally derived versus locally adapted, researchers will be able to better capture those constructs of interest while recognizing the ways culture influences our entire understanding of the individual and their socioemotional well-being.

The weaknesses in the literature are assuaged by the strengths of this data. The first strength of this data is that all studies in this section included girls in their sample. In the beginning research tended to focus primarily on boys, furthering the myth that child-soldiering is a male-only phenomenon. Of course, over time, research has shown that girls constitute upwards of 30% of fighting forces (McKay & Mazurana, 2004). Taking this strength a step further is the presence of research that teases out experiences and outcomes to determine the effect of gender on the entire child soldier experience (Amone-P'Olak, Ovuga, et al., 2014; Betancourt, Agnew-Blais, et al., 2010; Betancourt et al., 2011; Klasen et al., 2010; Klasen et al., 2015). Another strength of this literature regards the consideration given to the intergenerational impact of child soldiering, including the incorporation of historical trauma within the child soldier research narrative (Song & de Jong, 2014; Song et al., 2013; Song et al., 2014). By understanding and providing evidence to the fact that the child soldiering phenomenon penetrates the entire fabric of one's world, researchers are expanding the foundation from which to intervene. A final strength regards the inclusion of both abducted and non-abducted youth within study samples (Ertl et al., 2014; Vindevogel et al., 2013). The inclusion of non-abducted youth provides a good base from which to compare the experiences of and challenges faced by abducted youth. Additionally, by including non-abducted youth, yet referring to them as war-affected youth, we are able to expand our own conceptualizations of how armed conflict negatively impacts everyone. Considering that 92% of all the casualties in African conflicts in the late twentieth century were civilian casualties (Singer, 2005), and that more than 1 in 10 Syrians have been wounded or killed since the beginning of the

Syrian Civil War in 2011 (Boghani, 2016), civilians are no longer extraneous entities in combat, but a defining feature of it.

Concluding thoughts. The information presented highlights the link between one's wartime experience and their psychosocial adjustment in the post-conflict environment. Furthermore, this insight reveals the impact of the post-conflict environment as both a risk and protective factor. Meaning, a supportive post-conflict environment can aid in one's recovery, while an environment marked by stigma and perceived discrimination may serve to further exacerbate one's socioemotional troubles, mitigating any progress towards healing. While these studies primarily focused on negative outcomes, there is evidence that many of these youth also exhibit positive adaptation and resilience when attempting to adjust to life in the post-war context.

Positive adaptation and resilience

There is a growing body of research examining positive adaptation and resilience among former child soldiers (Abdul Shereef, 2005; Betancourt et al., 2013; Betancourt, McBain, Newnham, & Brennan, 2015; Blattman, 2009; Cortes & Buchanan, 2007; Denov, 2010; Denov, 2012; Klasen, Oettingen, Daniels, Post, et al., 2010). While research in this area is scant, it provides a balance to existing literature pathologizing child soldiers and their experience. Moreover, a concentration on resiliency in these youth provides a focus on their strengths, a defining feature of responsive social work practice.

While examining internalizing trajectories in war-affected youth ($N=529$; 25% female) in Sierra Leone, three waves of data were collected via interviews at three different times points (T1, T2, T3) (Betancourt et al., 2013). The study sample consisted

of former child soldiers who received assistance at ICCs, war-affected youth who did not receive services from an ICC, and former child soldiers that self-reintegrated. The measures used include the Oxford Measure of Psychosocial Adjustment, the Child War Trauma Questionnaire, the Family Relations Scale, the Perceived Community Acceptance Scale, a scale for Social Disorder and Intergenerational Closure, the Everyday Discrimination Scale, and the Post-War Adversities Index. Data were analyzed to assess the probability that an individual belongs to a particular group trajectory, to determine the value of war and postwar protective and risk factors related to group trajectory membership, and finally, to evaluate if trajectory membership was associated with functional impairment or risk behavior. A large majority of the sample (89%) demonstrated either low internalizing symptoms or improvement over time despite having limited access to post-conflict resources. On the other hand, death of a caregiver, family abuse or neglect, and the perception of stigma due to one's status as a former child soldier predicted membership in a group with either high or worsening symptoms of internalizing problems. Of the 131 girls in the study sample, 29.77% demonstrated low symptoms, 58.77% showed improvement over time, 5.34% fell within the deteriorator group, and 6.1% showed an increase in symptoms over time. While girls comprised 25% of the total sample, they comprised 30.6% of the improvers group and 33.3% of the high symptoms group. A consistent theme throughout this study is the influence of community acceptance as a protective factor and perceived stigma as a risk factor. This study is notable for many reasons. The first, and possibly most salient to social work, is its transition away from focusing on the debilitating effects of war to its focus on the presence of risk and protection within the entire social system, from the individual level

through the community level. Moreover, through latent class growth analyses, the researchers were able to examine multiple trajectories in a given sample, challenging the notion that former child soldiers are a monolithic group with similar patterns of symptom expression and recovery.

Signifying a departure from focusing primarily on child soldiers in Africa, Cortes and Buchanan (2007) utilized purposive sampling to interview six ($N=6$; 33% female) former child soldiers in Colombia regarding their lived experience within a resilience framework. The youth in this study resided in a reintegration residency program offered jointly by the Colombian government and YMCA-Colombia. Under the umbrella of resilience, six themes were identified: sense of agency; social intelligence, empathy, and affect regulation; shared experience, caregiving figures, and community connection; sense of future, hope, and growth; connection to spirituality; and morality. Fortunately, even though the study is qualitative in nature, the researchers differentiated between female and male experiences within each narrative theme. The girls in this study displayed a sense of control in combat by actively responding to crises while also internalizing social codes and ensuring their behavior conformed accordingly. Both female participants established intimate relationships with one “husband” to avoid becoming sexual slaves while also gaining some sort of respect within the group. According to the International Resilience Project, seeking trusting relationships in others is a common element of resilience (Grotberg, 1997). As evidenced in the study by Betancourt et al. (2013), Cortes and Buchanan (2007) found that the presence of a caregiver as well as community support facilitated resilience in these former combatants. The fact that these youth resided in a reintegration residency program shows the

existence of at least some sort of support within the community. Another important theme present in the female narratives is hope and future thinking. Perhaps most noteworthy, however, is that these youth viewed their past experiences as just that, in the past; their experiences were unfortunate, but not a part of their life in the present.

There are limitations to this study that must be explored. First, it is important to note that of the sample, 83% voluntarily joined the fighting forces whereas 17% were forcibly abducted into fighting, a stark contrast to the realities of child soldiering explored in Uganda and Sierra Leone (Cortes & Buchanan, 2007). On one hand, voluntarily joining the conflict eludes to a severe lack of opportunities or support in one's environment; in this case, voluntary enlistment becomes a strategy for survival. On the other hand, as discussed in tactics utilized by the RUF in Sierra Leone, much of the initial, and at times most personal, trauma occurs when youth are forcibly abducted from their communities. In this vein, one can surmise that the presence and impact of community supports is attributed to the fact that many youth choose to join. Therefore strategies aimed at destroying community ties cease to be a factor in the healing and reintegration of these youth.

Myriam Denov (2010), an Associate Professor of social work at McGill University, has also utilized qualitative research to examine the presence of resilience in the post-conflict environment. In this study 80 child soldiers ($N=80$; 50% female) formerly associated with the RUF in Sierra Leone were interviewed. Two sets of interviews were conducted; the first in their native language, and the second by the author with the assistance of an interpreter. Similar to the qualitative research conducted by Cortes and Buchanan (2007), Denov (2010) explicates gender when citing child soldier

narratives. In relation to duties, female and male combatants described similar experiences, with girls noting additional sexual violence and sexual labor as an almost daily occurrence. Due to constant threats of violence, female child soldiers reported obeying every command just to survive. This tactic, where daily acts of violence became normalized, transitioned girls from victim to perpetrator. Denov (2010) notes, however, that the transition was not linear and that combatants continuously drifted between perpetrating violence and having acts of violence perpetrated against them. A common strategy utilized by the RUF, and one that brought great stigma and shame to many girls in this study, is physical branding, usually the letters “RUF” on the chest or forehead. This branding, while enacted via a process of victimization, serves as an insignia of RUF association where marked youth are solely viewed as perpetrators.

Denov (2010) points out that former child combatants are at risk for re-victimization due to limited opportunities, a lack of social support, and the experience of societal rejection due to their child soldier status. Despite feelings of guilt and shame, loss of family, stigma and rejection by one’s home community, and educational and economic marginalization, child soldiers detailed ways they were able to cope in their post-conflict environment. Girls especially found comfort through peer support structures, finding solace in other former female combatants who shared similar experiences, specifically around the issue of rape and other forms of sexual violence. At other times, girls chose to conceal their child soldier identity, only discuss times when they were victimized, or chose to completely withdraw from social interactions altogether. Another important avenue for coping was through community rituals and prayer. As discussed by McKay and Mazurana (2004), these rituals may be equally

important for the community, families, and youth, as many communities may feel shame over failing to protect their children. Participants in this study noted that going through the rituals aided their successful reintegration into their home communities (Denov, 2010). The child soldier narratives revealed that participants demonstrated the capacity to overcome hardship, reflect on their past experiences, share those experiences with others, and engage in activities to secure a future surrounded by friends and loved ones.

Following up previous work, Myriam Denov's (2012) phenomenological study utilized child soldier narratives ($n=76$; 40 girls, 36 boys) to examine the realities of this cohort in post-conflict Sierra Leone while also challenging media discourse surrounding the portrayal of these underage combatants. All respondents were forcibly abducted by the RUF and remained in captivity anywhere from a few months to eight years. As with other research considered in this review, youth combatants described instances of sheer brutality, both from the standpoint of victim and perpetrator. As Denov (2012) states, "to be a child soldier in the RUF meant that the realities of victimization, participation, and resistance were experienced in an irregular and dialogical fashion" (p. 289). Most notable in this study, however, regards the assumptions challenged by former youth combatants in the postwar context. The creation of the Bike Riders Association, a motorbike taxi service, has emerged as one way these youth are able to generate income while also engaging in some sort of political activism (Peters, 2007). As Peters (2007) points out, ex-combatants comprise a majority of the motorbike riders (~75%) and have organized themselves into unions as a way to support other riders while also fighting police corruption. While this information disputes generalizations that former child soldiers are a "lost generation" or actively engage in violence in the post-conflict setting, the study

fails to explicitly note where girls are situated in the post-war terrain. As a patriarchal country where traditional gender roles are commonplace with many girls marrying young, one can assume that the majority of motorbike riders are male. Furthermore, as Denov (2012) cites the invisibility of female combatants as one of the major limitations in the child soldier literature, one can assume if there were a substantial female presence among motorbike riders, it would be made explicit. Of importance, however, is the emergence of a new income generating enterprise in post-conflict Sierra Leone. As supported by Peters (2007) the ability to create and maintain a sustainable livelihood in post-war contexts may rest on creating new niches in the job market. The motorbike taxis in Sierra Leone lend credence to this. If girls are systematically overlooked in the data or denied these opportunities due to normalized gender roles, however, then their societal marginalization and economic exploitation will undoubtedly continue. Participation in society via the job market, however, constitutes just one way war-affected youth can actively engage in their community.

Interest in youth combatants presence in the political sphere, similar to the activism pointed out by Peters (2007), remains scant. In light of this, Blattman (2009) employed a tragic natural experiment in Northern Uganda to quantify the sociopolitical impacts of youth participation in armed conflict. Using survey data and in-depth interviews, it was found that abduction led to an 11% increase in the probability of a youth over age 18 voting in the 2005 referendum and a 3.4% increase in the likelihood that a youth is a community mobilizer, with both significant at the 1% level. After unpacking abduction experiences, each additional act of violence witnessed was associated with a 4.2% increase in the probability of voting and a 2.3% increase in the

probability of being a community mobilizer, with both significant at the 5% level.

Interviews with former abductees provided insight into these results. Some abductees discussed their participation as an exercise of control, something many lost in the bush. Additionally, many cited their roles as fighters within the LRA as a factor in their ability to speak their minds and use their voice. Theoretically, research has coined the phrase “post-traumatic growth”, where one experiences personal growth following a traumatic experience (Tedeschi & Calhoun, 2004). This growth or newfound agency indicates a level of coping and resilience among a population that is consistently characterized by their trauma and victimization. Those professionals working in the realm of post-conflict recovery should consider the resilience and agency demonstrated by demobilized youth combatants and ensure there are opportunities for these youth to exercise their capabilities in a way that further empowers the individual and the larger community.

In this cross-sectional study, researchers interviewed 330 former Ugandan child soldiers ($N=330$; 48.5% female) to assess for posttraumatic resilience (Klasen, Oettingen, Daniels, Post, et al., 2010). Participants in this study were recruited from a primary school in Gulu, Uganda established by the government to support war-affected youth. A wide variety of measures were used in this study. Sociodemographic data were collected using items from the Child War Trauma Questionnaire. Trauma severity during abduction was assessed via the Child Soldiers Trauma Questionnaire with one subscale targeting victimization and one targeting perpetration. The MINI-KID assessed PTSD and depression and displayed good reliability and validity for this study sample. The YSR, a self-report instrument, screened for a variety of behavioral and emotional problems and a checklist was created to examine violence experienced in the home as well as in the

community. To assess hardiness, a characteristic associated with posttraumatic adjustment, a 10-item version of the Connor-Davidson Resilience Scale was used, showing high correlation ($r = .92$) with the original 25-item version. Positive future orientation was evaluated via the Positive Future Orientation Subscale of the Adolescent Resilience Scale. To assess peritraumatic dissociation, meaning dissociation that occurs at the time of trauma, researchers used the Peritraumatic Dissociative Experiences Questionnaire. The Guilt Cognitions Scale of the Trauma-related Guilt Inventory was administered to examine the cognitive aspects of guilt. Motivations to seek revenge against transgressors was measured using the Revenge Motivations Subscale of the Transgression-Related Interpersonal Motivations Scale. Finally, perceived social support in stressful situations and perceived spiritual support were assessed by asking participants to respond to a one-item statement; items were rated on a four-point scale with higher scores indicating higher perceived support.

Girls in this study reported a wide range of tasks while in captivity: 26.8% were on the front line fighting and looting, 20.8% performed logistical tasks related to spying and transport, and 47.7% primarily performed domestic chores (Klasen, Oettingen, Daniels, Post, et al., 2010). An overwhelming majority, approximately 90%, were severely beaten, witnessed murder, and received death threats, while one-third of girls in this study reported being raped by a member of the armed forces while in captivity. In relation to outcomes, no significant gender differences were found regarding PTSD, depression, or behavioral and emotional problems. Even though a majority of participants displayed significant symptoms related to PTSD and depression, 27.6% showed a resilient mental health outcome. The following six variables significantly predicted

posttraumatic resilience: age (higher=risk), family socioeconomic status (higher=protective), domestic and community violence (risk), guilt cognitions (if strong=risk), revenge motivation (if strong=risk), and perceived spiritual support (protective).

Referencing epidemiological studies administered with Western populations, past research has found female gender to be a significant risk factor for pathology in traumatized samples (e.g., Breslau & Anthony, 2007). Therefore, the researchers in this study found the insignificance of gender as it relates to resilience to be noteworthy. Consistent with the literature examined, children from higher SES backgrounds and those with more perceived spiritual support were more likely to be resilient. Also consistent with the literature surrounding post-war reconciliation and stigma, domestic and community violence were significant risk factors for posttraumatic resilience, revealing the importance of having supports within one's family as well as the larger community.

A major limitation in this study that must be noted is its focus on "person variables" or personality predispositions and psychological states (Klasen, Oettingen, Daniels, Post, et al., 2010, p. 1108). While these variables reveal a more psychosocial approach to resilience rooted in the individual, it is also important to consider the familial, social, and communal/cultural factors that can influence posttraumatic resilience. Moreover, the use of an ecological perspective that incorporates the multiple spheres of one's life represents a more culturally responsive approach to this issue that considers development and reconciliation within a highly contextualized environment.

The work of Betancourt et al. (2015), on the other hand, considered psychosocial recovery in the context of one's family and community. Situated in Sierra Leone,

researchers examined the relationship between caregiver and youth depression and anxiety symptoms over a 4-year period. Internalizing symptoms, war exposure, family acceptance, daily hardships, and community stigma were measured using various adapted and locally derived measures. Results from the multivariate hierarchical linear model revealed several outcomes of importance. After accounting for covariates predicting mental health for caregivers and youth, it was found that an improvement in symptoms among caregivers predicted improvements among youth ($\beta = .212$, $SE = 0.069$, $p < .01$). While this evidence is not causal, and the relationship may be bi-directional, it points to the importance of the availability of comprehensive mental health services in war-affected communities. Community stigma positively covaried with youths' internalizing levels ($\beta = .054$, $SE = 0.010$, $p < .001$). And finally, an increase in family acceptance from baseline to follow-up was associated with a decrease in internalizing symptoms ($\beta = .040$, $SE = 0.010$, $p < .001$). The evidence related to community stigma and family acceptance directly points to the importance of a supportive environment in the recovery of these youth and their families (Abdul Shereef, 2005; Betancourt et al., 2013; Cortes & Buchanan, 2007; Klasen, Oettingen, Daniels, Post, et al., 2010).

Taking the quantitative data and results deeper, Abdul Shereef (2005) used participatory research methods, specifically focus groups, to gain insight from 300 girl mothers in Sierra Leone regarding reintegration and their own resilience in the face of adversity. Many participants discussed their determination in doing long, hard work to provide for themselves and their children. Seventy percent of the girl mothers experienced anguish over not having proper childcare and therefore having to take their children everywhere. For many, this may be carrying your child on your back while

working the field all day or while walking miles to the market to sell goods. In a subversion of traditional gender hierarchies, many girl mothers expressed concern over having to work long hours outside of the home, while caring for their children, and also taking responsibility for all domestic duties. Many girl mothers continued to shoulder these responsibilities, however, to avoid domestic tensions and further marginalization. When brainstorming ways their lives could be improved, the girl mothers suggested having older women in the community work together to help with childcare, health clinics that are more accessible, and for a better understanding of the complexities of their situation.

Integration of literature on positive adaptation and resilience. The data presented reveals the complicated position former child soldiers find themselves in once demobilized from fighting forces. While resilience and positive adaptation are the common threads echoed throughout this literature, another vital aspect of adaptation emerged: the important role of one's family and the community in recovery. Through longitudinal data, Betancourt et al. (2013) found that death of a caregiver and perceived stigma due to being a former child soldier predicted high rates of internalizing problems. Betancourt et al. (2015) also found that an improvement in caregiver mental health predicted improvement in youth mental health, that community stigma positively covaried with youth's internalizing levels, and that an increase in family acceptance was associated with a decrease in youth internalizing symptoms. Similarly, in terms of posttraumatic resilience, it was determined that domestic and community violence and low socioeconomic status were risk factors, while perceived spiritual support were protective (Klasen, Oettingen, Daniels, Post, et al., 2010). Qualitatively, child soldier

narratives support these findings (Abdul Shereef, 2005; Cortes & Buchanan, 2007; Denov, 2010). In Sierra Leone, for example, female former child soldiers discussed the importance of their peer network in their recovery and coping (Denov, 2010). Often times these peer networks consist of other former youth combatants, highlighting the importance of support from those who have a shared experience (e.g. Cortes & Buchanan, 2007).

In line with modern professional social work's philosophy to utilize a person-in-environment lens, these data reveal an important aspect of child soldier recovery. While some approaches to recovery focus just on the needs of the individual, this particular area of inquiry explicates the important role that family and community can play in one's rehabilitation. Sadly, research on stigma and community-based discrimination also shows that certain spheres, while vital to one's recovery and reintegration, are also responsible for exacerbating negative outcomes. Fortunately, intervention research in Sierra Leone has shown promise in educating the larger community regarding the realities of former youth combatants and the role the community can play in ensuring these youth are able to become successful participants in society (Kostelny, 2004).

Strengths and weaknesses of literature on positive adaptation and resilience.

The literature on positive adaptation and resilience has greatly enhanced our knowledge regarding the tenacity of war-affected youth, the importance of their immediate family in their recovery, and the detrimental impact of stigma and perceived discrimination on the functioning of these youth. A major strength of these data regards the collection of longitudinal data in Sierra Leone assessing internalizing trajectories over time, including the impact of caregiver mental health on youth internalizing symptoms (Betancourt et al.,

2013; Betancourt et al., 2015). By studying internalizing symptoms, we see a shift in our portrayal of child soldiers. As pointed out by Myriam Denov (2012):

By portraying child soldiers as largely threatening, and uncivilised, the bulk of international news reporting, and much of academic and policy-oriented discourse, has tended to 'pathologise' children in armed conflict. The images of child soldiers have been used to convey the horror of childhood perverted from its 'natural' course of innocence, fragility and purity. (pp. 282)

This particular inquiry allows us to challenge two preconceived notions: that former youth combatants are violent and beyond repair and that our sole focus should be on one's wartime experiences. In fact, this literature, including those studies previously reviewed, supports the need to expand our analysis to not only include war-related trauma, but to also incorporate the impact of post-conflict social factors on long-term mental health recovery. Another strength, also related to challenging child soldier misconceptions, regards the centering of the resilience of these youth. In Colombia, for example, Cortes and Buchanan (2007) utilized purposive sampling to identify 6 former child soldiers who exhibited no to mild trauma symptoms in order to assess their ability to overcome such a traumatic experience. Many of the youth discussed their peer networks and connection to their community as reasons for their ability to cope. Similarly, through participatory style approaches to research with girl mothers in Sierra Leone, many were able to recognize their own resilience, had a deep awareness of their situation, and in the face of stigma and rejection, sought alternative families amongst their peers from the bush (Abdul-Shereef, 2005). By showcasing the resilience and assertiveness of this group, the literature garners support for a new

approach to recovery that taps into the agency and perseverance of these youth (Denov, 2010).

There are two minor, yet notable weaknesses within the research reviewed that must be discussed. As discussed previously, in the beginning, research attending to the issue of child soldiers was plagued by a dominating male presence, rendering the female child soldier invisible. While most research in this section includes both male and females, with one study in particular only including girl mothers (e.g. Abdul-Shereef, 2005), Blattman's (2009) work in Uganda on the impact of abduction and war experience on political participation only includes boys. Given that Ugandan culture tends towards the patriarchal, I would argue that without including girls in the sample, it is impossible to truly capture the relationship being examined. Furthermore, by centering the political participation of boys, this research and others like it may indirectly be contributing to the continued subjugation of female child soldiers who must confront their intersecting gender and "soldier" identities on a daily basis. The final weakness regards the geographic dispersion of these data. Again, all but one study focus on conflict-affected youth in African countries. Research in this area, especially around the culturally situated concepts of positive adaption and resilience, would be greatly enhanced by including a more global representation of child soldiers and by incorporating cross-cultural research. With research that transcends cultural boundaries, it is possible to not only understand the different ways youth tap into their own resilience, but how communities around the globe are working to foster such adaptation. Until this type of cross-cultural

investigation becomes a feature of child soldier literature, researchers will continue to be limited in their ability to understand this issue as the global phenomenon it is.

Concluding thoughts. These differing approaches to studying outcomes provide complementary data for informing child soldier interventions. Research situated around negative outcomes illuminates the connection between war experience, the post-conflict environment, and mental health. This type of inquiry also illustrates the unique situation of former female child soldiers, versus previous research that centered the male experience while treating the entire community as a monolith. Additionally, a focus on resilience and positive adaptation taps into the strengths of this group as well as the surrounding community.

Research in this area also focuses on the reintegration of child soldiers, a process carried out both formally and informally. Reintegration comprises just one step in DDR programming; disarmament and demobilization represent the two steps preceding reintegration. While disarmament and demobilization occur immediately during the peace process, reintegration assumes a more de-centralized, open-ended process (Muldoon, et al., 2014). This process relies not only on the participation of the ex-combatant, but also on the willingness of the community to accept the participant back into society. Successful reintegration, it is argued, is essential for establishing long-term stability in states impacted by armed conflict. Therefore, the importance of reintegration cannot be overstated. In order to understand what reintegration looks like, the following section critically examines research attending to the process of reintegration and its associated outcomes.

Reintegration and Healing

Reintegration as a process

As a vital tool for establishing peace and contributing to individual and community development, research on reintegration processes and outcomes is crucial for establishing an effective evidence base from which to address the issue of child soldiers (Annan, Bryer & Aryemo, 2009). While there is a paucity of research related to child soldiers, there is an emerging body of evidence related to reintegration processes and outcomes for youth (Betancourt, McBain, Newnham, & Brennan, 2014; Browne, 2005; Denov & Marchand, 2014; Johannessen & Holgersen, 2014; McKay et al., 2010; Morley & Kohrt, 2013; Muldoon et al., 2014; Onyango, Atyam, Arwai, & Acan, 2005; Veale & Stavrou, 2007). The following section, couched within the broad theme of “reintegration”, focuses on reintegration as a process that can be carried out formally, informally, or via a combination of the two.

Notably, McKay et al. (2010) utilized community-based participatory action research (PAR) to understand factors contributing to the successful reintegration among 658 formerly-recruited girls and other vulnerable young women and 1,200 of their children in Liberia, Sierra Leone, and Uganda. Because many girls self-demobilize in contrast to boys who receive formal DDR services, research focusing on reintegration outcomes among former female child soldiers is especially important (McKay et al., 2010). In this study, PAR embodies the following principles: high levels of participation, engagement of community members and researchers in a joint process, co-learning, the development of local systems and building of local capacities, empowerment, and the achievement of balance between the research process and the action that follows. In this

setting, where power is decentralized and the process itself is locally driven, the young mothers were responsible for identifying what reintegration meant to them, determining what the problems were, and discovering viable solutions. Not surprising, but also not discussed in the literature, is that many mothers were choosing to integrate into unfamiliar communities (35% in Liberia, 44% in Sierra Leone, and 21% in Northern Uganda) versus returning to their homes, citing fears of stigma and rejection as well as uncertainty as to whether there was even a home to come back to. Relocating to new and different communities has been documented by Denov and Marchand (2014) through their work with former child soldiers in Colombia. These youth, however, chose to relocate to avoid potential re-recruitment by the Fuerzas Armadas Revolucionarias de Colombia (FARC). Regardless, returning to a community different than one's home community is something for community-based workers and researchers to strongly consider when delivering services and analyzing the interaction between returnees and their community system.

Turning back to the work by McKay et al. (2010), initially the study focused on creating in-group solidarity, trust, and cohesion; an iterative process that occurred in formal meetings as well as in informal settings in the community. Once trust was established participants were tasked with identifying the problems to be addressed. These problems included social stigma, access to education for themselves and their children, access to health care, and sustainable livelihoods. Some creative social action activities designed to address these problems included hiring a nurse to teach about hygiene and sanitation, micro-credit support, creating cooperatives or opening group businesses, and volunteering in the local community. Data in this study included transcripts from

meetings, monthly reports from field sites, regular reports from in-country academics, site visit reports from PAR organizers, photos from events, meeting minutes, a demographic survey, field ethnography, and a final PAR survey.

The first key finding that emerged was that for these young mothers social reintegration meant that they and their children are accepted, respected, and included within the community as a contributing family (McKay et al., 2010). Of the entire sample, 89% reported they felt more supported and respected by their community due to participation in the PAR. A second finding was that entire communities should take ownership in facilitating social reintegration. As jealousy has shown to be a common response in communities where services only target those directly involved in armed conflict, support at every level in the community is crucial for success. A third finding, and something echoed in previously reviewed literature, refers to the importance of peer groups in providing psychosocial support for positive coping and social reintegration (e.g. Cortes & Buchanan, 2007; Denov, 2010). Fourth, the mothers found that the group work facilitated their reintegration through increasing their strength and improving their capacity to be seen and heard in communities with 81.3% stating they were better equipped to express themselves publicly. A fifth finding found that economic livelihood supports were instrumental in improving status and relationships and that in order to be sustainable, flexibility and diversification were necessary in income generating activities. In this vein, 75% of participants stated they were now able to earn income that helped support their family. Additionally, 86.5% of PAR participants found an improvement in their family relationships. Physical and psychological well-being for these mothers improved as well with 87% noting an overall improvement over the course of the project.

Young mothers noted their group members offered support as they developed tools to address sexual exploitation and violence, but also continued to experience shame as a result of their experiences. Finally, the young mothers stated that as they gained confidence and self-respect and developed alternative livelihood strategies, their participation in sex work decreased. Of those who conveyed that they had engaged in sex work (16.8%), nearly all stated it had decreased since participation in the PAR showing that when girls have sustainable livelihoods they are less likely to use sex work for economic means.

Onyango et al. (2005) conducted a similar study using a participatory approach to research with 317 girl mothers living in IDP camps in Northern Uganda. These former female child soldiers with children came together to share their experiences via group discussion, brainstorming, and case vignettes. In the second stage, 20 girl mothers from the group of 317 were invited to attend a workshop in Gulu, Northern Uganda. A majority of the girl mothers expressed distress at being disregarded by their communities, with many feeling as though there were “second class citizens”. This distress was further compounded by a lack of community supports and services aimed at teaching the girl mothers how to properly care for their children. Recommendations from the girl mothers included a longer reintegration period where they can heal and have access to the necessary training to establish a livelihood for themselves and their children. The respondents also noted the importance of programming to facilitate successful reunification with their families. These findings lend credence to the work by McKay et al. (2010) regarding the importance of the community in facilitating successful reintegration. With so many respondents citing the importance of reunification with their

family and reintegration within their community, it is critical that DDR approaches expand their view of reintegration. By moving past a focus on the “individual” and towards a more ecological focus where the individual interacts with their meso and exosystem, reintegration services would enhance their success and further strengthen vulnerable communities.

Similar to the PAR work conducted by McKay et al. (2010) and Onyango et al. (2005), Save The Children guided a study of 38 girl mothers in Sierra Leone who participated in focus groups to discuss topics of importance to them and of relevance to their lives (Browne, 2005). These topics included their experiences and their children’s experiences with reintegration, issues related to the well-being of the girl mothers and their children, and their own role in shaping services and programs. Seventy-five percent of the girl mothers stated they were initially supported by their family, but after receiving \$300 as part of a reinsertion package, tensions arose as to the purpose and use of the money, causing many to experience a decrease in support from their family. Participants also reported difficulties regarding their relationship with their ex-combatant partners. Many of these women were shunned within the community for returning from the bush with children. This coupled with the shared experience between them and their partner as ex-combatants, many chose to continue their relationship with their husband from the bush. This decision created tensions at the family level, causing many girl mothers to move away from their families to live with their partner. Further compounding this tension, many of the girls stated they maintained friendships with their male and female counterparts from the bush. These friendships tended to be viewed by community members as bad with many child mothers being branded as “rebels” or as dangerous and

useless. Sadly, while community members view these relationships as wasteful and negative, research consistently shows the supportive nature of these peer networks for these youth (Cortes & Buchanan, 2007; Denov, 2010; McKay et al., 2010).

A key concern that arose from this research was the survival of the girl mothers and their children (Browne, 2005). Unfortunately, for those women unable to find work, many resorted to sex work, further marginalizing them within the larger community and exposing them to increased risk. Findings from McKay et al. (2010) elucidate the high level of participation in sex work among this group (16.8% in study sample), but also reveals the way livelihood activities can mediate one's participation in such work. One finding of interest, the tension created by the girl mothers receiving cash as part of their reinsertion package, should be explored further. McKay et al. (2010) noted that many PAR participants discussed the tendency for community members to become jealous of the services and aid offered to the returnees. With many youth returning to communities ravaged by war, one can surmise that a majority of community members were negatively impacted by the armed conflict. Due to this, many civilian populations find themselves with the same limited opportunities and bleak futures as many of the returned youth combatants. This reality coupled with a less than favorable opinion of the former child soldiers exacerbates community discord and further relegates these youth to the community periphery. Unfortunately, solving community poverty is too cumbersome for organizations focusing on reintegration and reunification efforts. Some ways to remedy this issue, which is probably not confined to this particular study site given the shared commonalities of post-conflict communities, is for reintegration programs to extend their services to the larger community so that others in need can receive the necessary

assistance. Another more controversial approach would be for reintegration programs to work in conjunction with the government to carry out community-wide assessments in order to address the larger structural issues at play. The primary limitation to this approach is that many communities harbor a distrust of the government due to widespread corruption. This distrust may negatively impact the ability of community-based organizations to effectively deliver services and may create reservations among those formerly abducted individuals hoping to not be tied to the government out of fear of reprisal. Regardless, until those issues at the macrosystem are acknowledged and addressed, many of these youth will continue to find themselves reintegrated into a system with limited prospects and opportunities for even the most well-adjusted and capable individual.

With much of the research attesting to the importance of family and community reunification and reintegration, Denov and Marchand (2014) found that 17 out of 22 of their study participants had not been reunited with their family. Through qualitative interviews with 22 former child soldiers in Colombia, researchers explored the role and impact of rejection and stigma on this group as they attempt reintegration into their communities post-conflict. Because the conflict in Colombia is still raging, many of the youth combatants were relocated to urban areas to avoid re-recruitment by FARC. Many of the youth also discussed the transition out of organized violence. These former combatants recounted the psychological impact their experiences had on them, an ordeal exacerbated by post-demobilization rejection and stigma. All 22 participants enumerated instances of experiencing stigma and rejection, with many experiencing it directly from family members. Given what we know regarding the importance of those family ties

post-conflict (e.g. McKay & Mazurana, 2004), these experiences are especially traumatizing. In addition to disrupting those important familial ties, participants noted loss of housing and lack of employment opportunities as being directly connected to their status as former child soldiers. In terms of dealing with rejection and stigma, many of the youth combatants described being in a “conceal/reveal dilemma”. This dilemma is similar to the situation many youth have found themselves in in Northern Uganda, where former child soldiers used calculated listening and dialogue, including silence, to decide if they could open up to someone or if they should continue to keep their identity internalized (Song & de Jong, 2014). Going a step further, the former child soldiers in Colombia created “second stories” which were then used to keep a potentially stigmatizing attribute (like a physical wound) or circumstance (living away from one’s community/family) concealed. The issue in Colombia presents with some interesting features. For example, demobilization appears to be centered on protecting youth by separating them from their home communities. In other communities, like Uganda or Sierra Leone, efforts have concentrated on community sensitization or reconciliation and healing. Given what we know about the importance of the family and community acceptance on the recovery of these youth (e.g. Betancourt, Agnew-Blais, et al., 2010), policymakers and those charged with formulating reintegration programs should consider ways to heal and unite communities, versus separating communities and further marginalizing an already vulnerable segment of society.

The decision to conceal or reveal an aspect of one’s identity or experience can make it especially hard to establish strong interpersonal relationships. Moreover, using silence or creating a second story to redirect a conversation can create an inner turmoil

for individuals attempting to cope with and reconcile their past. Veale and Stavrou (2007) interviewed 7 men and 3 women ($N=10$) abducted by the Lord's Resistance Army in Northern Uganda regarding transitions in identity, specifically related to experiences of reception and reintegration within their post-conflict community. A number of focus groups were held with formerly abducted youth, community members, non-governmental organization (NGO) workers, and other key informants to examine family and community responses to the formerly abducted youth. Participants noted the process of renegotiating one's identity during reintegration as the joy expressed by some was juxtaposed with fear, distrust, and uncertainty. In some cases, participants described the identity shift that would occur if one became angry or aggressive. Due to their "hostility" they can no longer be seen as a peer, but as a rebel. These experiences highlight the presence of stigma on these formerly abducted youth including how stigma negatively impacts the ability of one to legitimately participate in society. Furthermore, having to constantly renegotiate one's identity given their audience or the space they find themselves in creates a mental gymnastics that impedes recovery while weakening one's ability to form meaningful relationships.

With most research attending to the issue of former child soldiers centering the child soldiers themselves, the work by Johannessen and Holgersen (2014), which focuses on service providers, provides a new lens from which to understand this issue while filling an important gap in the knowledge base. Eleven semistructured interviews were conducted with service providers working at transit centers and vocational training centers in the Democratic Republic of the Congo (DRC). Six themes were identified: acting as if still in army; social rejection; addiction; reintegration needs;

psychopathology; and, unfavorable contextual factors. A commonality that resonates through all identified themes regards the pervasiveness of poverty in the DRC. In the DRC, poverty hovers at around 63%, it is ranked 176 out of 187 countries in terms of human development, and its per capita income is one of the lowest in the world at \$380 (World Bank, 2016).² These conditions elucidate the daily struggle of the average Congolese citizen, something compounded when one has the experience and label of being a former child soldier. Echoed in previous literature, for many, poverty impacts their ability to fully recover and become productive members of society, a requirement for successful reintegration (McKay et al., 2010). Further teasing out poverty, one Congolese service provider in this study discussed poverty in a layered way where a lack of viable opportunities created a conduit for those youth who voluntarily joined the conflict. Once demobilized and faced with no education, physical and emotional trauma, and urgent medical needs yet limited to no access to medical care, many youth find themselves further entrenched in the all-consuming cycle of poverty.

In terms of reintegration, all identified themes formed the basis for the sociocultural context of these youth, with many service providers working to account for the many factors that influence the recovery of formerly abducted youth (Johannessen &

² Initially, the Human Development Index (HDI) was created as a way to measure development by utilizing a single statistic focused on three functionings: life expectancy, educational attainment, and income (UNDP 2011). In 2010, under the instruction of (then) French President Sarkozy, the HDI was redefined. The current HDI utilizes three dimensions and four indices to measure human development. Health is measured by life expectancy at birth; education is measured by mean years of schooling and expected years of schooling (formerly measured by adult literacy rate and gross enrollment rate); and living standards are measured by gross national income per capita (formerly measured by GDP per capita). It is argued that these new measures provide better coverage in relation to adequate representation of and within each dimension.

Holgersen, 2014). Whereas Blattman (2009) found that youth involvement in armed conflict led to greater sociopolitical participation in Northern Uganda, service providers in the DRC found that experiences as rebel fighters resulted in many youth rejecting certain societal obligations and norms. This rejection coupled with trauma and other symptoms of psychopathology caused many youth to self-isolate which then impacted their ability to successfully reintegrate into their community. The identified themes, while distinct, functioned as an intermingled web which served to negatively impact reintegration. With unfavorable contextual factors creating a space for youth to reject meaningful societal participation, engage in substance abuse, and fail to effectively address their trauma, a majority of youth experienced broad social rejection from their community, family, and friends. These data elucidate not only the reality of these youth, but also the basis from which community-based clinicians work to address the needs of this population. Researchers should continue to consider the experiences and perspectives of local practitioners when trying to understand and aid war-affected youth.

The previous studies in this section relied on qualitative data collected via interviews, focus groups, and through participatory processes (Browne, 2005; Denov & Marchand, 2014; Johannessen & Holgersen, 2014; McKay et al., 2010; Onyango et al., 2005; Veale & Stavrou, 2007). A strength of this research rests in its ability to capture, directly from participants, rich, detailed descriptions of their post-conflict reintegration experiences. Even more promising is that, within the current knowledge base surrounding reintegration, the qualitative research is buttressed by vigorous quantitative research (Betancourt et al., 2014; Morley & Kohrt, 2013; Muldoon et al., 2014).

As part of a cohort study, a total of 243 former child soldiers (30% female) and their caregivers participated in interviews at two time points in post-conflict Sierra Leone (Betancourt et al., 2014). The caregiver interviews examined disorder and collective efficacy within the community while the former abductees' interviews focused on perceived stigma; the overall goal of the interviews was to explicate the relationship between these community characteristics and externalizing behaviors and internalizing symptoms among the former child soldiers. Externalizing behaviors (hostile or aggressive behavior) and internalizing symptoms (depressive and anxiety symptoms) were captured via the Oxford Measure of Psychosocial Adjustment. Social disorder (community criminal activity, substance abuse, and general safety) and collective efficacy (social cohesion and social control) were assessed via a variant of the Project on Human Development in Chicago Neighborhoods subscale. Stigma was measured using the Everyday Discrimination Scale and family abuse/family acceptance were measured with the Child Trauma Questionnaire with family acceptance further explored via qualitative interviews. An adapted version of the Post-War Adversities Index measured daily hardships (hunger, housing, economic, and interpersonal insecurities). Finally, the Child Trauma War Questionnaire was used to assess war experience.

Quantitative results provide insight into the realities of these youth (Betancourt et al., 2014). Social disorder within the community positively covaried with youth's externalizing scores ($\beta = .05, p < .001$). Perceived stigma also positively covaried with youth's externalizing scores ($\beta = .05, p < .001$). Additionally, both community-level social disorder ($\beta = .04, p < .05$) and perceived stigma ($\beta = .06, p < .001$) positively covaried with internalizing scores over time. In terms of familial influence, greater family

acceptance at both time points inversely covaried with internalizing symptoms ($\beta = -.02$, $p < .01$). Finally, for females, it was found that females who were victims of rape improved less over time than male respondents with similar experiences ($\beta = .41$, $p < .05$). This study represents one of the first to examine the role social context plays in shaping outcomes for formerly abducted youth. Even more staggering are the ways the community impacts externalizing behaviors and internalized symptoms for this group. Research in western settings has documented the long-term, negative implications of social disorder on physical health (Player & Peterson, 2011). For those youth living in post-war communities, the impact of community-level disorder is undoubtedly magnified. Expanding this premise, one could argue that increased internalizing symptoms and externalizing behaviors may impede future employment opportunities and negatively affect the forming of strong, healthy, interpersonal relationships. For former female child soldiers who experienced rape, the data reveals decreased improvement over time compared to their male counterparts with similar experiences. This outcome points to the disproportionate impact that child soldiering has on female combatants over boys and is something to consider when working with this population. On a positive note, increased family acceptance resulted in decreased internalizing symptoms. This finding is hopeful in that practitioners working with traumatized youth can shift some focus onto the family as a site of intervention, stressing to family members the important role they can play in the recovery of a loved one.

Research by Betancourt et al. (2014) highlighted the importance of considering the community context and its influence on how and if youth recover from their war-time experiences. Still considering the community text, Muldoon et al. (2014) sought to

determine if abductees who participated in formal reintegration programs different from their counterparts who self-reintegrated. For many youth who self-reintegrate, they do so through the work of their family and surrounding community. Therefore, self-reintegration can be viewed as a community level process, whereas formal reintegration occurs primarily within a confined setting characterized by one on one and group counseling, vocational training, and receiving material goods.

Muldoon et al. (2014) employed a cross-sectional research design to interview 129 women who had been abducted by the Lord's Resistance Army. The types of formal reintegration programs considered include a traditional cleansing ceremony, receiving an amnesty certificate, receiving some sort of reinsertion package, or having gone to a formal reception center. While 43% of participants participated in at least one formal reintegration program, their mental health status was not significantly different than those respondents who self-reintegrated ($p > .05$). With improvement in psychosocial wellness being hailed as one of the goals of DDR programming, these results are concerning, but not surprising. Many reintegration programs provide short-term services for individuals with needs that require longer-term care and attention. Given a lack of services in war-affected communities, many youth find themselves unable to get the continued care they need once their time at a reintegration center has ended. This coupled with the lack of employment opportunities and education or vocational training, many youth may find themselves coming to terms with a reality they hadn't planned for given the care and attention they received within a formal setting. Pointing to the importance of the community in recovery, with over 60% of those respondents who accessed formal reintegration services utilizing a traditional cleansing ceremony, meaning a ceremony

administered within the local community context, these findings point to the necessity of community-based approaches to recovery. These data reveal the complex process of reintegration. Additionally, the data highlight the need for reintegration programs to undergo extensive evaluation to ensure the use of evidence-informed practice in both formulation and delivery. With cleansing ceremonies being the most accessed form of support and reintegration, interventionists would benefit from examining these ceremonies and finding ways the ceremony can be weaved into programs and interventions aimed at reintegration and recovery for this population.

Transitioning away from the African continent, this final mixed methods study considered the association between perceived psychosocial well-being and functioning of Nepali former child soldiers, and the role of social support and post-war difficulties in one's reintegration (Morley & Kohrt, 2013). Nine qualitative case studies included one child soldier and at least one member from their microsystem. Quantitative data were collected from 142 child soldiers and pulled from the Reintegration Process instrument, the Child Hope Scale, the Child Functional Impairment scale, and the Child PTSD Symptom Scale. Qualitative data show that many youth found family support, community support, and support from their peers to be the most helpful way for them to cope and reintegrate successfully. In terms of stigma and marginalization, many youth saw these issues as direct barriers to their progress and recovery. These issues were viewed as being both a cause and a consequence of one's distress, revealing the cyclical nature of the child soldiering issue and its associated trauma. For the quantitative data, six hierarchical multiple regression models were run for supports and for problems for each outcome (hope, functional impairment, and PTSD). In terms of the relationship between

peer support and problems with hope, PTSD, and functional impairment, Odds ratios were significant for peer support with hope (OR = 2.19, 95% CI [1.03, 4.67]) and peer support with PTSD (OR = 0.40, 95% CI [0.19, 0.87]). In terms of peer problems, odds ratios were significant for PTSD (OR = 4.25, 95% CI [1.92, 9.41]) and functional impairment (OR = 5.40, 95% CI [2.25, 12.98]). These models reveal that stronger peer supports led to increased hope among the former child soldiers, while decreased or absent peer support resulted in increased functional impairment and higher rates of PTSD. These data acknowledge the importance of having a strong peer support network to aid in one's reintegration and recovery. With data documenting instances of stigma and familial rejection, evidence that shows the protective nature of one's peers should be considered when working towards reintegration and recovery, especially for those youth who have been rejected from their family and community.

Integration of literature on reintegration processes. Reintegration represents the point at which former child soldiers come face to face with their community. In fact, the process of being reintegrated recognizes that one has been separated or disconnected, something that for a majority of these youth, happened against their will. As data in this section has shown, for many female youth reintegration includes their children as well (Browne, 2005; McKay et al., 2010; Onyango et al., 2005). Interviews and focus groups with girl mothers from East and West Africa details the importance these women place on being accepted by and being able to fully participate in their communities. Sadly, many of these women found themselves in many "catch-22" situations. In order to cope and process their experiences, many rely on peer groups comprised of former combatants, which further marginalizes this group (Browne, 2005; Cortes & Buchanan, 2007; Denov,

2010; McKay et al., 2010). Additionally, many women noted the tension created from receiving cash assistance and other material goods as part of their accessing formal reintegration programs (Browne, 2005; McKay et al., 2010). Sadly, all of the qualitative research reviewed regarding reintegration discusses the detrimental impact of stigma and discrimination on reintegration. For some women, stigma and rejection led to their participation in sex work in order to survive (Browne, 2005; McKay et al., 2010). Similarly, research from the DRC elucidates how stigma and poverty act as a channel, funneling former combatants back into the same armed conflict responsible for their current circumstance (Johannessen & Holgersen, 2014). In other cases, stigma resulted in familial breakdown with the former child soldiers being ostracized from their immediate, and most important ties- their family (Denov & Marchand, 2014; Onyango et al., 2005).

The breakdown of the family, and in some cases the post-conflict community, represents one of the most vital war-related losses. Considering the work by Betancourt et al. (2014) where an increase in family acceptance resulted in a decrease in youth internalizing symptoms, the fact that many youth are experiencing family-based rejection is especially troubling. Compounding this finding is the relationship between perceived stigma and internalizing and externalizing symptoms; perceived stigma positively covaried with symptoms of both. While perceived stigma stemming from one's community and rejection by family members impede recovery and reintegration, former child soldiers have found compassion and support in their fellow returnees (e.g. Cortes & Buchanan, 2007; Denov, 2010; McKay et al., 2010). Mixed-methods research with children associated with armed fighting forces in Nepal found qualitative and quantitative support regarding the positive influence of a peer support network on a youth's ability to

cope, reintegrate, and view the future with hope (Morley & Kohrt, 2013). The absence of such network, however, resulted in an increase in functional impairment and PTSD. From both types of disruptions within the social fabric of one's life, including the resulting socioemotional impact, a case can be made for practitioners in this area to focus on relationships and social support when crafting interventions for this group.

Strengths and weaknesses of literature on reintegration processes. The strengths of the literature on reintegration processes greatly outweigh the observed weaknesses. A major strength in this section regards the presence of research not only centering youth in African societies, including research from the DRC, but of youth in Nepal and Colombia. With the UN mandating DDR in peacekeeping operations as well as utilizing DDR programming in non-peacekeeping contexts, its global use has been solidified (United Nations, 2010). With research examining reintegration in varied contexts, the resulting knowledge base allows for a more complete understanding of the ways DDR programming is being implemented, whether formally or informally. Another strength pertains to the work by Muldoon et al. (2014) where the mental health of former female combatants who accessed formal reintegration programs was compared to those female youth who self-reintegrated. Surprisingly to this researcher, there were no significant mental health differences between both groups, meaning those youth who accessed formal services did not differ from youth who did not. These results stress the importance of evidence informed practice to better target desired outcomes in patients. Furthermore, with 67% of youth who accessed services choosing a traditional cleansing ceremony, we see support for the integration of culturally relevant, community-based healing processes in formal DDR processes. Building off this, a third strength in this

literature is the focus on the relational aspect of healing, whether through one's family, peer network, or larger community (Betancourt et al., 2014; Browne, 2005; McKay et al., 2010; Morely & Kohrt, 2013; Onyango et al., 2005). Transitioning from a focus on the individual to the ways one's social environment can support recovery taps into the strength of the community while embodying a more culturally relevant framework from which to understand and address recovery and reintegration. A final strength warranting discussion refers to the work by Johannessen & Holgersen (2014) where we see the inclusion of the service provider experience in terms of the realities of war-affected youth in the DRC. Similar to the way research has begun to transition from the individual to including the community context as well, by incorporating information regarding service providers it is possible to better understand the sociocultural contexts of youth combatants. By acknowledging the rich source of information that service providers encapsulate, many of whom are social workers, a case is made for social work's presence in addressing this issue. Moreover, as service providers represent an important piece of one's community system, understanding their perspective, approaches to healing, and constraints faced, allows outside researchers to better understand this issue from a more holistic perspective.

The noted strengths are constrained by some weaknesses that necessitate mentioning. DDR programming was introduced as a transition from war to peace in the 1990s with the Integrated DDR Standards, as we know them today, officially published in 2006 (United Nations, 2010). Therefore, information on DDR as a process, and more specifically, reintegration as a vital component of achieving peace and stability, is fairly new. While it is a bit brash to consider this a weakness, not having a strong record of

research from which to extrapolate creates obstacles for those working in the area of reintegration. Another weakness is the need for quantitative data to fully conceptualize one's "social self". One way this could be remedied is through the use of social network analysis where relationships can be mapped and measured. Considering the preponderance of evidence supporting the relational aspect of healing for this particular group, by mapping one's relationships and teasing out those key players versus those in the periphery, practitioners would have a much better understanding of those relationships pertinent to one's reintegration.

Concluding thoughts. Reintegration, while couched within the larger framework of DDR programming, is a process that happens both formally and informally. While one may access a formal reintegration program immediately post-demobilization, reintegration is a process that occurs continuously over time. While the literature explicates the way perceived stigma impedes one's ability to successfully reintegrate, we also see the protective nature of family acceptance and peer networks on recovery and reintegration. A major limitation of DDR programs regards the inability to fully fund such efforts. Demobilization of child soldiers in the DRC was estimated to cost approximately \$15 million (in 2001), but only \$4 million was allotted (Singer, 2005). Similarly, reports from Colombia and Uganda show many rehabilitation centers functioning well beyond capacity. With limited resources one can surmise many youth are not getting the care they desperately need. The price tag of these programs, when considering the findings from Muldoon et al. (2014) where formal reintegration did not significantly improve mental health functioning compared to those youth who self reintegrated, is especially troubling. It is safe to assume, however, that the sensitization

campaigns utilized in Sierra Leone (e.g. Kostelny, 2004), especially when considering their effectiveness, represent a more affordable approach to reintegration that includes the larger community. By shifting our lens to the way the local community is working to reintegrate these youth, outside of the realm of larger scale programming, researchers and practitioners may be able to challenge and supplant the way these youth are reintegrated. As stated by Paulo Freire (1970), “one cannot expect positive results from an educational or political action program which fails to respect the particular view of the world held by the people. Such a program constitutes cultural invasion, good intentions notwithstanding” (pp. 95). Therefore the best way to ensure successful reintegration of war-affected youth and the rehabilitation of their community may be to ensure those who comprise the larger community are active players in the process.

Treatment interventions to improve psychosocial functioning

A major limitation of research involving war-affected populations regards the paucity of exploration related to treatment interventions. Gra'ca Machel's groundbreaking report, presented in 1996 to the general assembly of the United Nations, marked the beginning of the conversation regarding the use of children in armed conflict. With the issue framed as a reality necessitating concern and attention, the resulting research initially focused on pathways into armed conflict and discerning the wartime experiences of youth combatants. As conflicts dissipated and combatants demobilized, practitioners began to center reintegration and psychosocial outcomes. The transition to implementing and evaluating interventions, however, has lagged behind the rest of the approaches to understanding this population. Despite an international call to bring this issue to the forefront in 1996, most intervention research has only emerged recently. Of

course, any critical analysis must be tempered by the reality of the pre, peri and post conflict environment. Frequently these communities suffer from an overall lack of resources and services. Gaining entry, both legally and culturally, into these communities can be a daunting task to even the most experienced researcher. Moreover, one can argue that until research adequately illuminates the entire wartime and reintegration experience, intervention and treatment approaches cannot proceed. Thankfully, research has begun to center treatment and its impact on child soldiers, their families, and the larger community (Amone-P'Olak, Jones, et al., 2014; Betancourt, Newnham, Brennan, Verdeli, Borisova, Neugebauer, Bass, & Bolton, 2012; Blattman, Green, Jamison, Lehmann, & Annan, 2016; Jordans, Komproe, Tol, Ndayisaba, Nisabwe, & Kohrt, 2012; Kohrt, Jordans, Koirala, & Worthman, 2015; Kostelny, 2004; O'Callaghan, McMullen, Shannon, Rafferty, & Black, 2013; Schultz & Weisæth, 2015). The section that follows incorporates an analysis of the literature on treatment and treatment outcomes for former child soldiers, including an assessment of the strengths and weaknesses of the literature. By explicitly detailing the strengths and weaknesses of the available research, it is possible to explicate the gaps in the current knowledge base, and in turn, make recommendations for future research directions directed at this particular field of inquiry.

Jordans et al. (2012) implemented a tracer study to assess reintegration trajectories, specifically examining socioeconomic and mental health indicators, for war-affected youth in Burundi who completed an economic support program. The program, implemented by the International Labor Organization (ILO), consisted of vocational training, informal education, life skills training, monetary assistance, and mentoring. The sample for this study includes former child soldiers ($n=542$) and a randomly selected

comparison group of never recruited, war-affected youth ($n=191$); both groups participated in the economic support program ($N=733$). While data were only collected one time (T3), the tracer methodology allows one to retrospectively document information. Therefore, participants were asked to recall past perspectives on certain socio-economic indicators prior to participating in the support program (T1), directly after program completion (T2), and at the present moment (T3). According to Jordans et al. (2012), in instances where baseline data are missing, “tracer studies are used to estimate change over time” (p. 4). The interview, conducted at T3, consisted entirely of self-report questionnaires and covered the following outcome variables: work satisfaction, household economic well-being, social integration, and perceived economic opportunities.

Within the sample, girls ($N=173$, 26.9%) represented 58.6% of the never recruited group and 13.5% of the former child soldier group (Jordans et al., 2012). While there were no significant differences for present functioning impairment or mental health problems between the comparison groups, at present (T3) former female combatants displayed significantly higher rates of depression ($p = .043$) and PTSD symptoms ($p = .031$) compared to never recruited girls. Still, even as an at-risk group for negative mental health outcomes, there were no significant differences in reintegration trends between boys and girls in this study. Over time, socio-economic trajectories, specifically related to perceived economic opportunity and social integration, showed significant improvement.

The salience of these findings cannot be overstated as positive trends related to economic opportunity could potentially be due to the support program as past research corroborates the importance and impact of community acceptance for these vulnerable

youth. In a similar vein, as the largest changes on indicators of socio-economic reintegration occurred between T1 and T2, the support program demonstrated a positive influence on reintegration for these youth (Jordans et al., 2012). It is also important to investigate the reintegration trends for girls in this study and how they displayed congruence with their male counterparts. As the ILO oversaw the creation and implementation of the reintegration support program while emphasizing the need for gender equity in the reintegration process, one can conclude that girls were actively kept from “slipping through the cracks” as evidenced in many large-scale DDR programs (Coalition to Stop the Use of Child Soldiers, 2008). Still the significant rates of depression and PTSD, at present, within former female combatants remain troubling. As the reintegration program primarily focused on economic reintegration and therefore did not offer a therapeutic component, the findings from this study reveal the importance of addressing the psychological aspects of child soldiering, especially along gender lines. A holistic approach to reintegration, therefore, must incorporate aspects of healing at both the individual and community level. In Sierra Leone, for example, we see the application of a holistic approach to reintegration, including evidence of its effectiveness in addressing the diverse needs of former child soldiers.

Kathleen Kostelny (2004), in conjunction with Christian Children’s Fund (CCF), conducted a situational analysis in ten villages in post-war Sierra Leone. Through focus groups with youth, women leaders, and traditional healers, the analysis found that nearly every household had at least one girl who had been abducted and raped while in captivity; follow-up health assessments found that 91% of the girls had sexually transmitted diseases (STDs). Finally, an inventory of community resources was taken to

assess healing and reintegration capabilities within each village. The project that emerged, Sealing the Past, Facing the Future (SEFAFU), sought to facilitate the reintegration of these girls into their communities utilizing a holistic approach that incorporated health, spirituality, psychosocial elements, and an economic component.

In the first phase, 367 former female combatants volunteered themselves to receive medical treatment for STDs (Kostelny, 2004). In the second phase, a traditional healer in each village performed a purification ritual for every girl identified during the situational analysis. In Sierra Leone, similar to those utilized in Uganda, purification rituals act as a gateway for complete participation in the community including the eligibility to marry while improving one's overall reputation. The third phase incorporated community awareness activities to educate the local community about sexual abuse and rape while also challenging local norms regarding the stigma that surrounds these issues. In this stage sexual violence committees, consisting of male and female local leaders, were established in each participating village. The fourth phase involved providing the girls recreational activities twice a month as a way to encourage social integration and positive peer interactions. The fifth phase provided skills training and vocational skills with the final phase incorporating a loan program for income-generating activities. In this final stage, a community process selected 180 girls, specifically those deemed most vulnerable or in need, to receive loans first. Each girl received \$75 USD to start a small business and was required to repay a small portion of the loan with interest each month. Money generated from the loans was then distributed to two new girls in each village every month.

Participant narratives were collected to assess if the SEFAFU program contributed to successful reintegration (Kostelny, 2004). Many girls stated they were less stressed about their ability to meet the needs of their family. They also reported less shame, increased self-esteem, and that they no longer felt isolated by their community. The participants attributed this improvement to the social support received during recreational activities, their ability to earn an income, and to the purification rituals. Many girls also displayed positive future orientations, verbalizing a desire to acquire additional skills. By incorporating local practices, creating awareness to the impact of sexual abuse, and training community members to ascertain and assess well-being in their communities, the project strengthened the entire community, not just individual participants. Perhaps the most important aspect of the SEFAFU project is its sustainability. The sexual violence committees, recreation activities, and purification rituals have zero to little cost to implement and maintain. Additionally the microcredit loans proved to be very successful with a majority of girls able to re-pay their portions each month, allowing the money to circulate among the participants as well as within the local community.

An interesting aspect of the SEFAFU program regards the incorporation of the local purification ceremony, something viewed as a precursor for true reintegration. These ceremonies are typically referred to as a cleansing ceremony in Northern Uganda and have been documented in many war-affected, high-context communities (Honwana, 2006). These ceremonies echo many components of restorative approaches to healing where participants are not seen as a singular entity, but, rather, as a part of a collective body (Honwana, 2006). While restorative justice interventions have documented success,

there is little known about the long-term impact of using traditional cleansing ceremonies in post-conflict contexts. Fortunately, Schultz and Weisæth (2015) utilized a qualitative study to examine the therapeutic factors of a local cleansing ceremony in Northern Uganda. In this inquiry, researchers gathered observational and in-depth data from a former child soldier and his family as he progressed through a local cleansing ceremony aimed at addressing his frequent nightmares and psychological symptoms in line with western conceptions of depression and PTSD. After the ceremony, interviews were conducted over the next 3 years. The participant noted they were having little to no nightmares, intrusive thoughts had stopped, and his overall health had improved. While this study is limited by the inclusion of only one male participant, it provides insight into the relationship between western conceptions of mental health and local approaches to healing. Often, researchers become entrenched in their respective approaches to understanding and addressing issues. Research by Schultz and Weisæth (2015) demonstrates one-way culturally grounded interventions can be implemented to address western interpretations of mental health.

Local healing ceremonies have been employed to address a variety of issues; their incorporation with former child soldiers reveals just one way these ceremonies have been used. However, the use of these ceremonies for this group relies on the premise that communities have been educated and sensitized to the needs of this group. Kohrt et al. (2015), in their research in Nepal, center the community as a primary driver of healing and reintegration for vulnerable children. Data include pre and post-intervention levels of community support for child soldiers (n=222 at 12 month follow-up) and comparison civilian children never conscripted (n=234 at 12 month follow-up). Intervention goals

included an educational piece to raise awareness within community about child mental health, poverty, education issues, and discrimination. A second goal sought to promote inclusion and acceptance of vulnerable children in society. Finally, the intervention provided family and child-based psychosocial service befitting a post-conflict community. Pre and post intervention data reveal that both civilian children and child soldiers reported increased levels of subjective community support (sum of family, peer, teacher, neighbor, and other community supports). An important aspect of this intervention regards the training of local “Community Psychosocial Workers” (CPSWs). Due to a lack of NGO workers in Nepal, identifying and training CPSWs fulfilled several needs. First, through this training those individuals providing direct services were able to gain increased expertise that might not otherwise be possible. Additionally, by using local Nepali professionals, buy-in among participants may be increased, distrust decreased, and at the conclusion of the study, the services and associated delivery agents will remain.

The research presented also included a comparison of never conscripted, yet vulnerable children (Kohrt et al., 2015). Similar to the research by Ertl et al. (2014) where both abducted and non-abducted youth were included in the sample, Kohrt et al. (2015) sought to expand the idea of “war-affected children”. While youth never conscripted face different issues compared to their abducted counterparts, all youth are situated within low-resource, conflict-affected communities. Additionally, evidence from Uganda shows that even if one was not abducted, many lost loved ones, a majority of people were forced into IDP camps, and many experienced a reduction in vital services, including education and other livelihood opportunities. Therefore, the decision by Kohrt et al. (2015) and Ertl et al. (2014) to include civilian youth not only extends research to

consider the larger community, but more adequately reflects those in need of services and our attention.

Turning towards Northern Uganda, researchers utilized longitudinal data to, among other things, assess the impact of mental health services including the barriers to accessing these vital services (Amone-P'Olak, Jones, et al., 2014). Via the War-Affected Youths Survey, data were gathered from 539 former child soldiers abducted by the Lord's Resistance Army in Northern Uganda. Data collected includes demographic information, information regarding war experience using the War Trauma Screening Scale, information regarding accessing of and barriers to accessing mental health services, and information pertaining to general functioning (i.e. difficulties performing daily tasks and activities). Approximately 65% of female child soldiers and 10% of males experienced sexual assault or rape. Using multivariate regression to determine which war experiences predicted poor functioning, deaths, marital losses, threats to loved ones, and sexual abuse or rape were significant. While 70% of the group passed through a reception center, there was no difference in functioning between those who passed through a center and those who did not ($t=1.32, p = .18$). These findings are bolstered using research by Muldoon et al. (2014) where the mental health of youth who passed through a formal reception center was not significantly different from those who self-reintegrated. In terms of those who accessed mental health services in their communities, they functioned significantly better ($M= 13.40, 95\% \text{ CI } [11.64, 15.16]$) than those who did not access such services ($M= 16.61, 95\% \text{ CI } [15.43, 17.79]; t = 2.83, p < 0.05$); female former child soldiers accessed these services at higher rates compared to their male counterparts. Those who reported poorer functioning also reported more barriers to accessing services

than those with better functioning. These barriers included stigma and discrimination, fear of family break-up, and a lack of health workers in their community. One of the more interesting pieces of information this study adds to the knowledge base is the fact that passing through a reception center showed no signs of improving functioning for the former combatants. On the other hand, community based mental health services significantly improved the general functioning of those who accessed the services. With many of these reception centers funded by and managed by outside, international humanitarian groups, these findings point to the importance of community-based healing and support services for the recovery of war-affected populations. Additionally, in line with the centering of the community in treatment and recovery, this study shows the promise of community-based mental health services in improving the functioning of these youth. Therefore, practitioners in these communities must ensure youth have access to their services. By educating and sensitizing the larger community on the complex reality of former child soldiers, it may be possible to mediate the presence of stigma and discrimination, and increase participant buy-in (Kohrt et al., 2015; Kostelny, 2004).

The final three studies all represent randomized scientific studies aimed at assessing the impact of various interventions for former child soldiers (Betancourt et al., 2012; Blattman et al., 2016; O’Callaghan, 2013). In the first study, researchers focus on a research-to-practice initiative in Northern Uganda called the Women’s Income Generating Support Program (WINGS) (Blattman et al., 2016). WINGS is an economic and social intervention with four components: brief business skill training (BST), group training and accountability to encourage participants to form self-help groups, a \$150 start-up grant for individuals, and 3-5 one-on-one follow-up visits 6 months after the

grant. In total, 1800 people (86% female) participated in the program in 2 phases; the groups were randomized with phase 2 being a wait-list control, allowing comparison between the two groups to assess program impact. While economic gains were substantial with cash earning for participants doubling each month, a 33% increase in spending, and a tripling in savings, there were no real gains in terms of health or empowerment. While both groups reported a decrease in psychological distress over time, researchers surmised that this can be attributed to an overall improvement in life in Uganda with the end of the war. Additionally, while women did report spending more on their children's health and education, there was no marked improvement in the actual health status or enrollment of children in school. Given the small, yet substantial, gains in earning, coupled with the high cost of education in Uganda, this is not surprising. Pointing to the "impact-paradox", while many women increased their earning potential, this did not translate to increased independence or power in the home.

While women participating in the SEFAFU program (Kostelny, 2004) reported less shame and increased self-esteem due to their ability to provide for their family, women in the WINGS program did not report any gains related to empowerment (Blattman et al., 2016). In fact, WINGS participants noted an increase in resentment among neighbors, a finding echoed in previous literature regarding the targeting of services and opportunities for a particular group (e.g. McKay et al., 2010). It may be that by including community based sensitization and awareness campaigns and purification ceremonies, SEFAFU was able to not only economically impact the child mothers, but create a cultural shift in the community. This shift allowed for the humanization of these women and for them to be viewed as integral members of the community requiring

understanding and acceptance. On a positive note, WINGS participants did report increased social support and community participation (Blattman et al., 2016). In the face of stigma and disdain, however, these gains may be tarnished with participants internalizing the negative rhetoric cast their way.

Furthering work in Northern Uganda, researchers randomly assigned a sample of war-affected youth (N=304) to an interpersonal psychotherapy group (IPT-G), a creative play/recreation group, or a wait-list control group in order to investigate how gender and history of abduction moderate treatment outcomes for war-affected youth (Betancourt et al., 2012). Forty-two percent of the sample reported being abducted by the Lord's Resistance Army. The effectiveness of IPT-G for the treatment of depression was moderated by the interaction of gender and abduction history. In regards to the IPT-G intervention arm, female participants who were never abducted demonstrated the greatest treatment effectiveness (effect size= 1.06). For those male and female participants who were abducted, IPT-G was effective for the treatment of their depression (effect size = .92 and .50, respectively). With evidence highlighting the moderating impact of gender and abduction history on treatment effectiveness, it is imperative that these two variables are explicitly considered when formulating interventions. Furthermore, as research on abduction experiences expands, it will be necessary for researchers to parse out the different types of abduction experiences to better enhance postwar outcomes. Again, we see the incorporation of never abducted youth within this sample under the umbrella of war-affected youth (Ertl et al., 2014; Kohrt et al., 2015). In terms of the female experience, this research demonstrates the disproportionate impact that being a female, especially an abducted female, has on one's psychosocial functioning and improvement.

Future interventionists should consider gendering treatment groups to ensure the female experience is dually captured, understood, and considered in terms of its impact on treatment outcomes. The final study reviewed fully considered the female experience as they only included former female child soldiers in their group-based trauma-focused cognitive behavioral therapy (TF-CBT) intervention aimed at reducing PTSD, depression, anxiety, and conduct problems, while increasing pro-social behaviors (O’Callaghan et al., 2013). All girls in this study had witnessed or experienced rape or sexual abuse due to the ongoing conflict in the Democratic Republic of the Congo (DRC).

Fifty-two war-affected girls aged 12-17 years from the DRC were randomized into a 15 session, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) group (n=24) or a wait-list control group (n=28) (O’Callaghan et al., 2013). The TF-CBT included the following modules: introduction (ground rules, education on rape and trauma, and a safe place); stress management; feelings; cognitive coping; and identifying and changing unpleasant cognitions. Additionally, three caregiver sessions were conducted to educate parents/guardians about the intervention, the impact of trauma, and how to create a healthy space for fostering relationships at home. In terms of outcomes, the UCLA PTSD Reaction Index assessed PTSD and traumatic stress and the African Youth Psychosocial Assessment Instrument (AYPA) assessed psychosocial functioning, namely depression, anxiety, and, internalizing and externalizing behaviors. Data were gathered pre-intervention, post-intervention, and at a 3-month follow-up for the treatment group only.

Compared to the control group, the TF-CBT group experienced significantly greater reductions in trauma symptoms ($F_{1,49} = 52.708, p < .001, \eta^2_p = .0518$), and displayed improvements in symptoms of depression, anxiety, conduct problems, and prosocial behavior (O'Callaghan et al., 2013). At the 3-month follow-up the effect size for the TF-CBT group was 2.04 (trauma symptoms), 2.45 (depression and anxiety), 0.95 (conduct problems), and -1.57 (prosocial behavior), meaning treatment gains were either maintained or improved over time. As the control group received the vocational training, as did the treatment group, yet showed no improvement in symptoms, treatment gains can confidently be attributed to participation in the TF-CBT. This study makes two major contributions to the literature regarding war-affected youth. First, this is the first to utilize a randomized control trial of a trauma intervention for war-affected girls also exposed to rape or sexual assault. With success considered in terms of treatment outcomes, researchers poised to oversee intervention research in war-affected communities should consider the use of group-based, culturally modified TF-CBT as an intervention model. Second, the TF-CBT was successfully administered by locally trained researchers, similar to the work by Kohrt et al. (2015) in Nepal, supporting the notion that the treatment intervention can be administered in communities where mental health professionals are lacking.

Integration of literature on treatment outcomes. A major feature of interventions for former child soldiers is the incorporation of economic support programs aimed at providing youth with the necessary skills and opportunities to achieve a sustainable livelihood. In Burundi, for example, participants noted that after participating in the economic program they had increased access to opportunities to support

themselves and felt increased social integration (Jordans et al., 2012). Similarly, girls in Sierra Leone who participated in a loan program reported increased self-esteem, felt more connected to their community, and displayed hope for the future and a desire to increase their skills and subsequent earning potential (Kostelny, 2004). This program, unlike the one in Burundi, integrated health, spirituality, and psychosocial elements. Together, these elements addressed the therapeutic needs of participants while also including the larger community in the overall healing process. One such component, the local purification ceremonies, directly relies on local cultural practices. While little is documented about these practices, Schultz & Weisæth (2015) utilized a case study approach to better understand the impact of such practices. Using interviews over 3 years the participant noted an overall increase in mental health functioning. While it is not possible to tease out the core components of the ceremony responsible for such an outcome, the incorporation of and buy-in from one's family and larger community in the ceremony show the commitment of one's larger social system in their recovery.

Recognizing the importance of the community context, Kohrt et al. (2015) centered the community context within their intervention for war-affected youth in Nepal. Mirroring the work by Kostelny (2004) in Sierra Leone, education and sensitization campaigns were employed to create awareness among the community regarding the needs and realities of this group. This intervention, which included a psychosocial component for youth and their caregivers, resulted in increased feelings of support by the youth (Kohrt et al., 2015). The inclusion of never conscripted youth in this study sample showcases two things of importance. First, it provides a base from which to compare

youth who were abducted to fight. Secondly, it recognizes the pervasive nature of armed conflict and its impact.

The presence of randomized scientific studies in this literature is sparse. Of the comprehensive literature search conducted, 3 studies of this nature were found. In Uganda the WINGS economic and social intervention reported success in terms of increasing participant earning potential, spending, and saving (Blattman et al., 2016). While participants also noted a decrease in psychological distress, researchers were unable to discern whether the decrease was due to the program itself or due to an overall improvement in life in post-war Uganda. The final two interventions solely focused on addressing mental health concerns. In Uganda, researchers randomized youth into the following groups: an interpersonal psychotherapy group, a creative play/recreation group, or a wait-list control group (Betancourt et al., 2012). For abducted boys and girls, participation in the interpersonal psychotherapy group was effective in the treatment of their depression. Finally, in the DRC, girls were randomized into either a Trauma Focused Cognitive Behavioral Therapy (TF-CBT) group or a wait-list control group (O'Callaghan et al., 2013). Youth from the TF-CBT group experienced a significant reduction in trauma symptoms and an improvement in symptoms of depression, anxiety, conduct problems, and prosocial behavior. These treatment gains were either maintained or showed improvement at the 3-month follow-up.

From the interventions reviewed, we see some commonalities in their components. Some center an economic component, citing the need for economic opportunity to increase one's livelihood and integration into society (Blattman et al., 2016; Jordans et al., 2012; Kostelny, 2004). Other interventions focus on educating and

sensitizing the larger community regarding the challenges faced by these youth (Kohrt et al., 2015; Kostelny, 2004). Finally, some interventions specifically target mental health and war-related trauma (Betancourt et al., 2012; Kostelny, 2004; O'Callaghan et al., 2013). Perhaps the most comprehensive intervention research is the work by Kostelny (2004) in Sierra Leone which utilized multiple components to holistically address the vast needs of former female child soldiers. While not all interventions can be as comprehensive as the one carried out in Sierra Leone, an important statement is made by its presence in the literature. By creating such a multifaceted program, the researchers recognized the post-conflict complexities of recovery for this group. More importantly, the researchers acknowledged and capitalized on the ability of the community to take a leading role in the rehabilitation of the returnees.

Strengths and weaknesses of literature on treatment outcomes. The primary strength of this research stream is the presence of randomized scientific studies assessing treatment outcomes (Betancourt et al., 2012; Blattman et al., 2016; O'Callaghan et al., 2013). By randomly assigning participants to various treatment or control groups, researchers are able to make causal inferences regarding the impact of treatment. Another strength pertains to the variety of interventions, showcasing creativity in addressing the needs and struggles of this group. Some interventions centered mental health and war-related trauma, while others focused on skills and economic stability. The point of intervention also varied with the target ranging from the individual, the family, or the community, including a combination of all three. In addition to demonstrating creativity, this variation reveals, from abduction to reintegration, the complicated nature of child soldiering. Another strength is the targeting of interventions for girls. Of the nine studies

reviewed, three solely focused on girls, five incorporated girls at comparable rates to their representation among child soldier ranks, and only one, a case study with one participant, excluded girls altogether. With those studies that included both boys and girls, treatment outcomes, when possible, were explicated along gender lines. With initial research in this area excluding girls altogether, the teasing out of gender exhibited here reveals significant progress. A final strength pertains to the presence of work by Schultz & Weisæth (2015) where a case study approach was used to analyze a traditional cleansing ceremony for its therapeutic components. Typically the literature regarding this population conceptualizes trauma related symptoms within a western medicine framework. Research seeking to show convergence among western and indigenous conceptions of mental health, trauma and recovery lends credence to the possibility for collaboration with local healers and practitioners entrenched in the post-conflict context (Schultz & Weisæth, 2015).

The weaknesses found in the treatment research are the same weaknesses found in the literature already analyzed. For example, the treatment research comprises a relative new aspect of scholarship related to children associated with fighting forces. All but one of the intervention studies were published within the past 4 years. Of course, Gra'ca Machel's report, which was the first to recognize the current or continued use of children on the battlefield, was only 20 years ago. Recognizing this, including the protracted process of conducting research in war-affected environments, analyzing data, and disseminating results, the abundance and timeframe of available research related to treatment outcomes may not be an issue necessitating concern. The second and final weakness refers to research design. While there is a high concentration of longitudinal

studies represented, there are some limitations to the studies that impede generalizability to the larger child soldier population. Some studies utilized self-report data, which rests on the premise that the participants are completely forthcoming (e.g. O’Callaghan et al., 2013). Given the brutal nature of child soldiering, a reliance on self-report measures may not truly capture the experiences of interest. The use of non-probability and convenience sampling also inhibits generalizability to other groups of child soldiers (e.g. Kostelny, 2004; O’Callaghan et al., 2013). Research by Jordans et al. (2012) did not use a control group and employed a retrospective design where participants were scored on past events they were asked to recall. Finally, due to the exploratory nature of the study by Betancourt et al. (2012), researchers were unable to determine which aspects of the Interpersonal Psychotherapy were responsible for treatment gains in participants. While other limitations regarding research design are inherent in the data, a majority of the research explicitly conveys study limitations. An acknowledgement of study limitations reveals insight into the thought processes of the researchers, while creating a base from which researchers can progress and further hone their ability to produce quality, evidence-informed scholarship.

Concluding thoughts. Inquiry regarding intervention for child soldiers and treatment outcomes represents a newer area of research. This burgeoning area, however, is juxtaposed by the already amplified interest in conducting research in developing or emerging contexts. Granted, for child soldiers and the contextual factors that come together to incite armed conflict, there is a tendency for this population to be concentrated in low-resource communities characterized by low levels of human development. Often times, these countries lack any sort of formal ethical review board,

placing all ethical consideration on either a large scale partner organization or the researchers themselves and the institutions they represent. Therefore, it is imperative that researchers acknowledge and explicitly detail their consent procedure, use of incentives, and process for sharing their findings with the local community. Of the studies reviewed in this section, the study by O’Callaghan et al. (2013) using TF-CBT with girls in the DRC demonstrates best practices in terms of detailing the processes in place to ensure all ethical considerations are upheld. The research design itself, where local nonclinical practitioners were trained to deliver therapeutic components, speaks volumes of the ability of this particular study to effect long-term change. With trained practitioners now in country, even when the researchers leave, some services that have shown promise in reducing trauma symptoms and increased prosocial behavior will remain.

Situating the Current Study

The work of Emile Durkheim and C. Wright Mills initiated the belief that individuals, their place in society, and the issues they face are tied to the social structures in which they are situated. For social work, this notion is typically referred to as the person-in-environment perspective. Through this lens, social workers endeavor to understand not only the individual, but also the various ways an individual influences and is influenced by their environment. This environment or ecosystem functions much like a web. It is dynamic, interactive, and comprised of various relationships, not just from person to person, but amongst the systems at play as well. It is through this lens, where the individual is viewed as a relational being; it is this view that undergirds the present study’s inquiry.

Theoretical Framework

Keeping in mind the need to view the individual as a relational being situated within an interactive environment, social stress theory was chosen as the theoretical framework from which to consider post-conflict experiences of support for former child soldiers. Briefly, social stress theory posits that one's position in the social structure results in exposure to stressors or a stressful event, which leads to stress-related outcomes (Aneshensel, 1992). For child soldiers the most common stressor, as evidenced by the literature, is the experience of stigma and the many forms it can take (e.g. Betancourt, Agnew-Blais, et al., 2010). Some youth experience name-calling, are attacked, denied services, and some experience outright rejection from their families and community. Even more insidious, while stigma is considered a result of one's child soldier status, it also acts as an impediment to accessing resources valuable to one's recovery.

Impact of stigma on youth combatants. So the question remains, what impact does stigma have on these youth? The first negative consequence of stigma regards its relationship with maladjustment and mental health. Longitudinal data from Sierra Leone found that stigma was significantly related to increases in depression, anxiety, and hostility independent of one's war experience (Betancourt et al., 2010; Betancourt, Brennan, et al., 2010). Building off these data, latent class analysis showed that perceived stigma predicted membership in a group with high or worsening symptoms of internalizing problems (e.g. anxiety and depression) (Betancourt et al., 2013). Compounding the negative effect of stigma on mental health, is the research by Klasen, Oettingen, Daniels, Post, et al. (2010) that found domestic and community violence as well as feelings of guilt were significant risk factors for post traumatic resilience.

Experiencing violence and guilt or shame are directly related to the stigma and discrimination attached to the child soldier label. Sadly, upheaval at the community level is a common feature of the post-conflict environment. Betancourt et al. (2014) found community-level disorder and perceived stigma positively correlated with youth internalizing and externalizing scores over time. With externalizing symptoms manifested as hostile or aggressive behaviors, the youth find themselves in a self-fulfilling prophecy—their stereotyped behavior becomes an enacted behavior, confirming community-harbored biases.

Former youth combatants have also felt interpersonal disruptions due to stigma. In Burundi, qualitative evidence shows that the distrust returnees had of community members, stemming from their inculcation in the bush, was further exacerbated by community-based stigma and scapegoating (Song & de Jong, 2014). This caused many youth to isolate, impeding their forming of strong interpersonal relationships. Here, isolation becomes a form of self-protection. In a similar vein, child mothers from Liberia, Sierra Leone, and Uganda (35%, 44%, and 21%, respectively) were choosing to resettle in unfamiliar communities due to fears of stigma and rejection (McKay et al., 2010). Connecting stigma to reintegration, the mothers collectively agreed that, for them, social reintegration meant the absence of stigma, and the presence of respect, acceptance, and inclusion. Isolation has also been intentionally used by the larger community to disconnect returnees from society (Song et al., 2014). Isolation, in this case, becomes a tool of stigma used to marginalize and dehumanize. The feelings conjured, as explained by girl mothers in Uganda, is that many feel like second-class citizens (Onyango et al., 2005). This rich description highlights the layered nature of stigma which includes

instances of outright discrimination. Former youth combatants, both boys and girls, also experience stigma from family members. All 22 participants from a reintegration study in Colombia provided accounts of family based stigma and rejection (Denov & Marchand, 2014).

Finally, due to the intergenerational nature of child soldiering, research has begun to document the way stigma impacts the children of former child soldiers. Song et al. (2013) found that children of child soldiers (compared to children of civilians) reported greater conduct problems, decreased sense of belonging in the community, and experienced poorer family relationships. These findings mirror previous discussions regarding the impact of stigma on mental health, functioning, and relationships for abducted youth. Work by Betancourt et al. (2015) found that an improvement in caregiver mental health predicted improvements among youth. Data supports the link between caregiver and child mental health (e.g. Panter-Brick, Grimon, & Eggerman, 2014). These findings, coupled with the research regarding the presence of post-conflict stigma, including its relationship with negative mental health, one can see how stigma directed at former combatants can negatively affect their offspring as well. Stigma directed at the children of child soldiers also impedes one's ability to reintegrate. Through participatory research with girl mothers from Liberia, Sierra Leone, and Uganda, the mothers stated that their social reintegration rested up on the premise that their children were accepted, respected, and included within the community (McKay et al., 2010). In another similar study, girl mothers from Uganda discussed how community-based stigma situated them as second-class citizens in society (Onyango et al., 2005). Due to this stigma, they were often denied access to vital services, specifically trainings on how to properly care for

their children. The stigma attached to child soldiers and their offspring forces many to disconnect from their families, causing them to forego those important familial ties which characterize the collectivist nature of many post-conflict communities (Browne, 2005).

Protective factors in the post-conflict environment. Research on stigma is buttressed by evidence detailing the various protective factors in the post-conflict environment. The first protective factor refers to family acceptance. Longitudinal research from Sierra Leone examined the relationship between war experience and psychosocial adjustment (Betancourt, Agnew-Blais, et al., 2010). While perceived discrimination remained a significant risk factor for depression, family acceptance was shown to buffer the effects of depression in study participants. Using data from two time points in this study, T2 and T3, Betancourt et al. (2015) found that an increase in family acceptance was associated with a decrease in youth internalizing symptoms ($\beta = .040$, $SE = 0.010$, $p < .001$). In Uganda, Derluyn et al. (2004) interviewed former child soldiers regarding their experiences during abduction with a randomly selected sub-group completing a self-report scale to assess for PTSD. Researchers determined that the presence of a parent or caregiver was protective against stress outcomes with girls displaying higher mean avoidance scores due to the death of their mother ($p = .04$). Going deeper, former youth combatants in Colombia cited their family, specifically a caregiver, as being a vital piece in their ability to cope in times of despair and in their ability to understand and emulate what it means to be a good person in times of strife (Cortes & Buchanan, 2007). These findings show the important role one's family and caregivers play in ensuring their ability to recover and cope with the trauma of war. Echoing the components of ecological systems theory, research attesting to the

importance of one's family in successful recovery reveals the vital role the microsystem plays in ensuring healthy growth and development.

Access to community-based services has also shown to be protective against negative psychosocial outcomes. Using a cross-sectional analysis of longitudinal data from Sierra Leone to examine the association between war experience, mental health, and gender, Betancourt et al. (2011) found that when adjusting for all factors, school attendance was positively related to higher confidence levels and prosocial attitudes. With many schools targeted during armed conflict and those that remain being cost-prohibitive for many, especially girls and young mothers, this evidence becomes especially critical. In Uganda, youth who accessed mental health services in their communities functioned significantly better than those out who did not access such services (Amone P'Olak, Jones, et al., 2014). In this particular study, those youth with poorer functioning reported increased barriers to accessing services. These barriers were directly associated with an overall lack of support within their family and larger community. These data reveal the compounded nature of the post conflict environment where an initial lack of support impedes one's access to vital mental health services, further exacerbating psychosocial functioning, which in turn strengthens and confirms the divide between those in need and the systems in which they find themselves.

Youth have also discussed the ways having a peer support network assists in coping with past experiences and remaining connected to a community post-conflict. In Nepal, for example, having peer support was associated with increased hope among former child soldiers whereas having decreased peer support resulted in increased functional impairment and higher rates of PTSD (Morley & Kohrt, 2013). Child soldiers

in Sierra Leone discussed the importance of their peer network in helping them cope and contend with their wartime experiences (Denov, 2010). These peer networks were also important for young mothers in Liberia, Sierra Leone and Uganda as they sought psychosocial support from those with similar experiences (Browne, 2005; McKay et al., 2010). Research on resilience among former child soldiers in Colombia found that peer network were the most important factor in overcoming their trauma from war (Cortes & Buchanan, 2007). These peer networks, while data supports their role in recovery, are often viewed as negative with many community members feeling as though these networks maintain the connection between abducted youth and their time in the bush. Youth, however, detail the ways having a shared experience, no matter how unfortunate, allow youth to cope and process. This approach to healing, sometimes referred to as emotional approach coping, has shown to be a highly effective response to stressful events. Longitudinal data from survivors of sexual assault, for example, showed that being able to discuss and process their experiences resulted in increased control which decreased overall distress (Frazier, Tashiro, Berman, Steger, & Long, 2004).

Religion and perceived spiritual support have also shown to be protective against negative mental health outcomes. Ertl et al. (2014) used a population-based survey to assess maladjustment and psychopathology in former child soldiers and non-abducted youth in Uganda. Actively practicing religion alleviated the symptoms of depression for both abducted and nonabducted youth. Similarly, Klasen, Oettingen, Daniels, Post, et al. (2010) found that perceived spiritual support significantly predicted posttraumatic resilience. With religion and spirituality being one's personal relationship with a god or

higher power as well as being its own community, research that teases out the specific aspects of religion that assist in recovery would be beneficial.

The protective factors that assist in the recovery for youth affected by armed conflict all pertain to one idea- the importance of having social support. As discussed in Chapter 1, social support involves emotional concern, instrumental aid, access to information, and appraisal (House, 1981). These components are then enacted as a set of actual or perceived exchanges (Gottlieb, 2000). Meaning, social support is an interactive process. This process reinforces the importance of understanding the social ecology of former child soldiers. By situating these youth within their ecological context, we are able to explicate the presence and impact of support within and across all spheres of influence. Sadly, while support emerged as the most salient protective factor for youth recovery and reintegration, its presence within the literature as a peripheral construct is troubling.

Gaps in literature

Many of the gaps in the literature were discussed within the weaknesses portion of each subsection of literature and do not necessitate further consideration here. Instead, continuing the conversation on social support and elucidating its lacking presence in the literature will be deliberated as a major gap in what we know regarding child soldiers. Of all the studies reviewed, none centered social support as the primary construct or experience of interest. In fact, many studies continue to focus on the impact of trauma, either on the youth themselves (e.g. Derluyn et al., 2004; Klasen et al., 2014) or their children (e.g. Song, Tol, & de Jong, 2014). For those studies assessing positive adaptation, a majority focus on resilience (e.g. Klasen, Oettingen, Daniels, Post, et al.,

2010) or ways youth have been able to “carry on” despite the disorder around them (e.g. Onyango et al., 2005). On a positive note, this inquiry has provided evidence about the ways family acceptance and peer support networks can mitigate negative mental health outcomes like depression and anxiety. While this research has been instrumental in shifting our lens from one that centers trauma to one that centers resilience, the by-products of such research have failed to specifically engage with participants about their experiences with support. When one considers the way family and peer support have been explicitly discussed in research with war-affected youth across cultural contexts (e.g. Colombia, Uganda, Sierra Leone, Nepal), it would seem imperative that these two components are studied for breadth of understanding and as a possible point from which to intervene.

Present Study

The present study addresses this major gap in the literature by explicitly focusing on how former child soldiers experience support in the post-conflict environment. Broadly, I ask, “How do former child soldiers living in Northern Uganda experience support in their community?” Using both quantitative and qualitative data this research has two primary components. In Phase 1, using the Survey of War Affected Youth, I ascertain the most salient correlates of social support for former child soldiers living in Northern Uganda. In Phase 2, I traveled to Gulu in Northern Uganda to interview 20 former child soldiers, asking them, “What has been your experience with social support in your community since you returned from the bush?” Data are then considered together in a process known as triangulation. Through triangulation of the data, it is then possible

to capture the disparate dimensions of the phenomenon of interest- community-based social support.

Summary

This chapter provided a deep and thorough understanding of the child soldier phenomenon. Through a discussion of the theoretical framework that informs some of the research attending to this issue, including this present study, a case is made for centering the sociocultural context of these youth within the post-conflict environment. The literature, divided into two primary categories of “war experience and psychosocial outcomes” and “reintegration and healing”, details the different ways researchers are working to understand the component pieces of this phenomenon. This exhaustive and critical analysis of the literature explicitly discusses points of convergence and divergence, including the strengths and weaknesses within the current knowledge base. The literature, however, revealed some important gaps. Specifically, despite evidence regarding the positive impact of support on recovery and reintegration, social support among this group remains understudied and misunderstood. The present study, on the other hand, centers community-based social support as the phenomenon of interest. Therefore, the contribution this research agenda will make to what we know and how we work to address this issue cannot be overstated. The next chapter, Chapter 3, discusses study methodology, providing the reader in-depth information regarding study conceptualization and justification.

Chapter 3: Methodology

Social work practice and research in Africa developed out of the sociopolitical context created by colonialism (Mwansa, 2011). While social work, at least in an informal sense, existed in Africa prior to colonization, as it emerged as a formal practice it reflected western approaches to service provision. These approaches were individually oriented, neglecting the communal nature that characterizes the collectivist framing of many African societies. The failure of the social work profession to center indigenous knowledge and practices in the creation and delivery of services, both in a historical and contemporary sense, continues to shroud the profession in a cloak of colonialism bordering on imperialism. One way to resist the domination of western notions of social work praxis, however, is via social work research that reflects decolonizing approaches to research.

According to Linda Tuhiwai Smith (2012):

Research within late-modern and late-colonial conditions continues relentlessly and brings with it a new wave of exploration, discovery, exploitation and appropriation. Researchers enter communities armed with goodwill in their front pockets and patents in their back pockets, they bring medicine into villages and extract blood for genetic analysis. No matter how appalling their behaviors, how insensitive and offensive their personal actions may be, their acts and intentions are always justified as being for the ‘good of mankind’ (pp. 25-26).

In this sense, research functions as a tool to consume. Despite social work's sordid historical roots in Africa, when you consider its ethical code and attempt to reconcile its past, social work represents one of, if not the most appropriate frame from which to approach research in global contexts. One of the defining features of social work as a whole is its centering of client self-determination, meaning the supporting of clients to fully realize their capabilities, their strengths and their resilience. In this sense, social work occurs conjointly with individuals (and communities) to assist them in assuming more control within their lives. This process, where social worker and client work together versus a more hierarchical relationship that concentrates power at the top, is the thinking that undergirds this current approach to research.

This chapter begins with a revisiting of the study purpose. While not required, there is also a discussion of researcher positioning and positionality, highlighting the use of reflexivity at critical time points. As this chapter provides a step-by-step guide for how to assume this research, specifically as an outsider, it was deemed imperative to make these processes explicit. A brief discussion of the Institutional Review Board (IRB) process follows providing insight into the necessary steps one must take to ensure their research is appropriate and adheres to all ethical guidelines. As this research assumes a mixed-methods approach to research, when discussing all methodological steps and considerations it was decided to couch all quantitative aspects under Phase 1 and all qualitative aspects under the Phase 2 umbrella. Therefore, Phase 1 will entail all research components related to our quantitative data, followed by a discussion of Phase 2 and the corresponding qualitative components. The chapter concludes with a discussion of ethical considerations and limitations regarding the outlined research agenda and analysis.

Study Purpose

As stated in Chapter 1 and reiterated throughout this dissertation, the primary purpose of this present study is to examine how former child soldiers experience social support in their community post-conflict. Through a review of the literature in Chapter 2 it became obvious that research in this area has prioritized numbers over stories, western conceptions over culturally responsive notions. While a focus on the trauma experienced by this group is critical in order to truly understand this issue, newer veins of research demand that researchers consider the broader social ecology of this group, specifically as it relates to post-conflict reintegration and healing. Therefore, by centering post-conflict social support, a second purpose of this study is to answer a call port forth by Dr. Theresa Betancourt in the Harvard TH Chan School of Public Health. That call regards a more thorough understanding of the risk and protective nature of the post-conflict environment in regards to child soldier recovery and reintegration. The third aim of this research is to model a culturally responsive, decolonizing approach to cross-cultural research with highly vulnerable populations. By employing mixed-methods, meaning the use of quantitative and qualitative data to understand a particular phenomenon, this study challenges the tendency for western research to privilege quantitative analysis as the epitome of sound scientific research. By partnering with the Community Rural Empowerment Support Organization (CRESO) and including CRESO as an equal partner in study conceptualization and implementation, this agenda assumes an emerging participatory approach to research that includes those implicated by the research in the research process itself. Finally, while this research will be published in academic journals and disseminated to the larger academic community, it will also be disseminated

conjointly with CRESO as community-engaged scholarship so that our results will reach those directly connected to this issue.

Researcher Positioning and Positionality

Paulo Freire's (1970) *The Pedagogy of the Oppressed*, in discussing the stages of humanist and liberation pedagogy, explicates the necessity for the oppressor (and oppressed) to critically confront their consciousness. In this sense it is imperative that one engage in critical self-reflection that considers one's behaviors, values, and lived experiences. It is only through this self-reflection that one can engage in transformative action. To assume the work that constitutes this present study without this critical awareness, regardless if the methodology employed touts a decolonized approach, would continue to further the "researcher" and "those to be researched" divide that causes many to be wary of the western academy in the first place. In order to account for this, a discussion follows outlining the researcher's positioning and positionality, or lived experience, and how these influence how this researcher views the world and in turn, approaches this particular research agenda.

Positioning

Positioning, also referred to as social location, is one's location within a given social reality; it is structurally determined, discursively mediated, and relational. (Sanchez, 2006). As an educated white, heterosexual, cisgender, able-bodied woman born and raised in the United States, the privileges afforded to me run deep. While I was born into a high socio-economic class, the class fluctuations I have experienced, which have positioned me currently within a lower-middle class, are due to my pursuit of higher education; it is expected that with a PhD degree my status in the upper class will be

solidified in the near future. I was raised Southern Baptist, and while I do not currently align myself with a particular religious tradition, my Christian knowledge affords me the language to engage in dominant discourse surrounding religion when necessary. While being a “non-believer” and a woman may situate me within various systems of oppression, my vast privileges typically work to inculcate me from most negative experiences. Because of my privilege, my process of self-discovery has entailed as much unlearning and learning. My desire to help and become a social worker are partly informed by my parent’s insistence that I engage in community service and “giving back”. While these altruistic endeavors were about making a difference, to deny their use as a tool to secure entrance into a place of higher learning would be a disservice to my own process of reflexivity.

This desire to be of service, coupled with my exposure to world cultures and global injustice, is responsible (though not fully) for my current research focus on war-affected youth and their communities. My positioning as a white United States citizen has instilled in me the notion that I have the power to make a difference, to be a “savior” for those deemed less fortunate. Due to my intense privilege I have been conditioned to see my positioning as a result of merit, versus unearned advantage. Consequently, I did not become aware of many of my privileges until I first traveled to Ghana. It took my first experience as a member of a minority group, invisible as a woman yet highly visible as white, to begin to understand how I was socially situated.

As a researcher, and therefore someone with power, I am by default an outsider to those groups and issues implicated in any analysis I undertake. As a western researcher currently investigating former child soldiers in Uganda, that outsider status is further

magnified. My positioning as a white doctoral student-researcher, further privileged by my relative wealth in relation to those in northern Uganda, grants me a level of power that I continue to grapple with. With Uganda operating as a highly patriarchal society, my power is tempered by my female identity,- causing me to constantly negotiate the power I have in relation to my status as subordinate to those men around me. This negotiation, while frustrating at times, is temporary as I can freely transition in and out of these spaces as I please. Recognizing my positioning in terms of this research has greatly influenced my methodological approach. By partnering with CRESO, my entrance into the communities in northern Uganda has been done from a frame of cultural humility. With the Executive Director of CRESO, Francis Omuk Arop, acting as a cultural broker and partner within this research, we have worked to ensure our approach not only respects local processes, but continuously centers the needs and realities of the individuals and larger community implicated within this research. My alignment within the hegemonic structure is not only a cause and consequence of my privilege, but it has exposed me to the important ways one can leverage their privileged positioning for transformative change. That change, however, can only happen if my ideological assumptions, or positionality, relative to my social location are examined as well.

Positionality

Positionality refers to one's views and beliefs about the world in relation to their positioning (Sanchez, 2006). Positioning and positionality are distinct yet inseparable. When considered together, they comprise each individual's lived experience. Our positionalities are heavily influenced, mediated even, by hegemonic and critical anti-hegemonic discourses. It is through the counter discourse that the individual is able to

view the inequities and inconsistencies within our society, either locally or on a global scale. In this sense, “one has reached the space of critical questioning, which can give rise to a critical assessment of hegemonic ideologies” (Sanchez, 2006, pg. 39). In the United States, for example, one may start to see the disconnect between meritocracy and the “American dream” and the reality of being structurally positioned within the capitalist heteropatriarchy system.

As one develops their own lens for critical awareness, they will notice their positionality change, at times changing in a way that is at odds with the spaces they inhabit. As discussed earlier, I am socially located within many privileged spaces. Prior to engaging in the critical self-reflexive work demanded by social work education and practice, my views reflected conservative, pluralist and somewhat liberal multicultural views. Over time, however, I have developed a more critical multicultural lens that considers the role of power and domination in social stratification while working towards social justice ideals and overall emancipation (Kincheloe & Steinberg, 1997). It is through this lens, coupled with critical reflexivity, that I have been able to truly understand and elucidate my own biases and assumptions regarding the present study.

In western culture we tend to view children and youth as innocent beings in need of protection and guidance. We use words and phrases like “at-risk”, “disadvantaged”, and “troubled” to describe youth who have experienced adversity. Similarly, in the child soldier literature there has been a tendency to center the trauma experienced by youth, solidifying their identity as child soldiers, not children. Furthermore, western notions of the individual permeates this knowledge base, neglecting the larger social ecology implicated in this phenomenon. These approaches characterized my own initial

assumptions about this population. Over time, and with the guidance of my cultural broker in Uganda, our discussion in how to assume this research shifted our lens from the individual, to considering how the individual functions within their community post-conflict. Recognizing my own gendered experience and the patriarchal leanings of Uganda, we ensured that two translators were available, a male and a female, to assist with interviews in a manner that allowed the respondents to feel comfortable discussing sensitive topics. As someone who resists adhering to any type of religious tradition it was important that I bracketed out any biases I hold about religion and its followers. A report by the United States Department of State (2014) estimates that approximately 85% of the Ugandan population is Christian. When broken down further the Christians in Uganda identify as 42% Roman Catholic, 35% Anglican, 15% Pentecostal, and 7% Protestant. Recognizing this, as well as the important role church communities can play in offering support, I had to be diligent in recognizing those subtle moments during the interview process where religion or spiritual communities and their role in one's experience of support surfaced. Without knowledge of and openness to the religious context of Uganda, my biases would have prevented me from exploring this crucial aspect of the child soldier reality.

By understanding and explicating my positioning and positionality, something all researchers should do, it was possible for me to see how my being situated in certain spaces impacts my ideological assumptions about the world around me. Through critical self-reflection, I have been able to confront my own biases and assumptions, ensuring they are not implicated in the research process and associated outcomes. While it is argued that research can never be truly free of researcher biases and assumptions (Sword,

1999), by engaging in a continual process of reflexivity it is possible to engage in research that is credible, trustworthy and non-exploitative (Berger, 2015). The rest of this chapter details the research process, from obtaining Institutional Review Board (IRB) approval to our approach to data analysis. As stated previously, due to the mixed-methods nature of this study Phase 1 refers to all quantitative components and Phase 2 refers to all qualitative components.

Institutional Review Board Process & Approval

As this research agenda involved the use of human subjects, it was necessary to gain Institutional Review Board (IRB) approval through the University of Denver prior to engaging in any research activities. The project package (728816-1) was submitted for initial IRB review on September 21, 2015. On October 13, 2015 this researcher attended an IRB meeting to address any committee concerns. Six days later, on October 19, 2015 the following committee concerns were noted: the faculty sponsor must upload the CITI SBER completion certificate to IRBNet for verification, the researcher should consider the merits of using an oral consent in lieu of written consent, and the researcher should justify the use of focus groups rather than one-on-one interviews given the sensitive topic and study population. These concerns were addressed in a timely manner and on November 3, 2015 the IRB package was approved with conditions. These conditions involved the following stipulations: no recording of the oral consent process, the research should explicitly detail any foreseeable psychological risks within the oral consent as well as the research narrative, the researcher should reconsider the compensation for participants to ensure appropriateness, and finally, the researcher should work with the cultural broker to better engage the community prior to study commencement, versus

once the study has been completed. Once the conditions were addressed, full committee review followed and the project package (728816-3) received full approval with a minimal risk level on January 25, 2016 (see Appendix A for IRB approval letter).

Due to the global nature of this research agenda, it was necessary to also gain approval to conduct research in Uganda. Given the participatory nature of this research agenda, CRESO was tasked with gaining in-country research approval. At the organizational level, CRESO submitted for and received initial research approval through a Research Ethics Committee (REC). The primary function of these committees is to conduct initial review and approval of the research (Uganda National Council for Science and Technology, 2014). Once CRESO received approval from the REC, the research was submitted to the Uganda National Council for Science and Technology (UNCST), which approved our research as well.

Research Design

The research design that guides this study is a sequential explanatory mixed methods approach to research. In general, mixed methods involves gathering both quantitative and qualitative data, integrating the two data streams, and drawing interpretations based off their combined strengths (Creswell, 2015). Mixed methods research allows one to gain a deeper, more holistic understanding of a phenomenon of interest. Due to the strengths and weaknesses inherent in quantitative and qualitative data, by combining the two, the strengths in one approach can offset the weaknesses in the other (Creswell, 2015). For example, while quantitative data provides a limited understanding of the sociocultural context of the research participants, qualitative approaches situate experiences in their respective context by obtaining detailed

perspectives by the research participants. In this particular study, characterized by its sequential explanatory nature, quantitative results provide the context for the collection of qualitative data, which then help explain quantitative results in more depth. With an understanding of the research design, it is important to explicitly discuss why this particular approach was chosen for this specific study.

As evidenced by a review of the literature in Chapter 2, this issue is much more complicated than how it was initially conceptualized. In their work on trajectories of risk and resilience in children situated in adverse contexts, researchers in the Harvard T.H. Chan School of Public Health have built out models that sequence qualitative and quantitative methods, expanding traditional approaches to consider not only psychopathological concerns, but to also examine those local processes connected to resilient outcomes. With mixed methods research, it is then possible to ascertain contextual understandings of an issue, perspectives from multiple levels, and to incorporate the cultural influences and their impact within the research (Creswell, Klassen, Plano Clark, & Smith, 2010). This cultural insight, something integral to the foundations that undergird this study, would not be possible with quantitative analysis alone. In Nepal, for example, by combining both data streams, researchers were able to elucidate the cyclical nature of child soldiering and trauma, where risk factors within one's environment (e.g. stigma and marginalization) were both causes and consequences of one's distress (Morley & Kohrt, 2013). Therefore, approaching this issue from a mixed methods lens is not only feasible given available resources, but imperative in order to truly understand experiences of support for this group.

Phase 1: Quantitative Data

Participants

Survey population. Quantitative data were accessed via the Survey of War Affected Youth (SWAY), a publically available dataset (Annan et al., 2011; Blattman & Annan, 2010). Researchers chose to focus on eight sub-counties in two Acholi districts (Kitgum and Pader) in Northern Uganda (Annan et al., 2011). Researchers note that the sub-counties were not randomly selected, therefore hindering generalizability of results to the larger child soldier population. At the same time, they stress that general patterns within the data are generally representative of abducted youth experiences across the Acholi sub-region. Researchers approached the populations of interest in two distinct phases.

The first phase of data collection occurred from July 2005 to March 2006. Phase one data collection was designed and conducted by Dr. Jeannie Annan and Dr. Christopher Blattman in conjunction with Roger Horton, Godfrey Okot, and a team of local research assistants. In this phase researchers were interested in surveying all males born in these eight sub-counties between 1976 and 1992. Male respondents ranged in age from 14 to 30 years of age.

The second phase of data collection occurred between October 2006 and August 2007. The second phase of data collection was designed and conducted by Dr. Jeannie Annan, Dr. Christopher Blattman, Dr. Khristopher Carlson, and Dr. Dyan Mazurana in conjunction with Kristen DeRemer, Godfrey Okot, and a team of local research assistants. In this phase researchers were interested in surveying female youth born between 1971 and 1992. Female respondents ranged in age from 14 to 35 years of age.

Sampling strategy. The sampling objective was to obtain a random sample of all youth born between 1976 and 1992 living in Uganda in 1996³. The timeframe was extended to 1971 for female youth. The researchers did not provide a reason as to why this timeframe was extended for female youth.

In stage one, using World Food Program data from 2002 and 2003, 1,200 households were randomly selected, with 150 from each sub-county. After dropping 38 households for inaccessibility and 144 that could not be located, 1,018 households remained. Researchers then conducted short household surveys with each household listed. Through these household surveys, household heads were asked to list all persons living in their home in 1996. In the second stage, youth were then randomly selected from the retrospective household rosters for participation in individual surveys. Through these rosters, comprised of 10,747 individuals, 2,331 male youth and 1,941 female youth were identified.

In the first phase 881 young men and boys were selected to participate in in-depth interviews. With an attrition rate of 16%, 741 young men and boys were surveyed. In phase two, 857 female youth were selected to participate in in-depth interviews. With an attrition rate of 28%, 619 female youth (age 14-35) were surveyed. Both phases also relied on the assistance of supporting organizations and personnel in Uganda. The final sample included 741 males and 619 females (n=1360), both abducted and non-abducted. As this particular research agenda is only concerned with those youth who were abducted

³ The year 1996 was chosen for various reasons. This year represents the first national elections since 1980 as well as the year the LRA began receiving support from Sudan. This year is also recognizing as being the year prior to mass displacement and prior to the escalation of the war in these specific sub-counties.

into armed conflict, after dropping those non-abducted youth, our final sample included 1,118 abducted youth.

Instrumentation

Measures. The Survey of War Affected Youth utilized individual surveys to assess retrospective experiences of war and violence as well as current psychosocial adjustment (Annan et al., 2011). The surveys were developed after extensive in-country field work, including hundreds of interviews with youth and consultations with community leaders and other organizations and researchers in the area. The survey assessed well-being in a multidimensional manner in which economic activity, physical and mental health, community participation, social support, and risky behavior were covered.

Psychosocial outcomes were assessed with an adapted measure of social support using an additive index of 17 concrete forms of support received from family and friends in the previous month (such as someone lending you things, praising you, giving you advice, or helping you find work) (Barera, Sandler & Ramsay, 1981; Blattman & Annan, 2010) (see Appendix F for the index of social support). SWAY researchers also adapted an additive index of psychological distress using 17 self-reported symptoms of depression and anxiety from the Northern Uganda and Youth Psychosocial Adjustment Scale (Blattman & Annan, 2010; MacMullin & Loughry, 2002). This scale, based on the Child Behavior Inventory and the NIMH International Extension of Youth and Family Project, was created by Loughry and MacMullin (2002) through intensive focus group discussions with elders, non-abducted youth and abducted youth in Northern Uganda.

War experiences were assessed in two ways. First, war experiences were captured by asking participants about abduction length, age of abduction, violence experienced, and violence perpetrated. Second, participants completed a checklist of war experiences with an interviewer based on an adapted version of the Harvard Trauma Questionnaire (HTQ), which inquires about a variety of trauma events as well as the emotional symptoms that are considered unique to trauma (Harvard Program in Refugee Trauma, 2011). The HTQ has been used extensively with Southeast Asian refugee populations, survivors of the 1995 Kobe earthquake, soldiers who survived war in the Balkans, and civilian survivors of the Bosnian conflict.

Data regarding reliability of the survey instruments discussed previously is not currently available, but reports detail that SWAY researchers spent several months in the field developing instruments in consultation with community leaders, psychosocial counselors, youth groups, and other researchers (Annan, Blattman, Carlson, & Mazurana, 2008).

Data Collection

Data were collected via individual surveys (Annan et al., 2011). University-educated research assistants, who are also members of the Acholi community, administered the surveys. Survey interviews took anywhere from 70-120 minutes to complete, were conducted in the Acholi native language of Luo, and were typically administered in one's home. All survey participants received compensation in the form of household goods equal to approximately one day's wage (Annan et al., 2008).

Quantitative Data Analysis

Quantitative data analysis, using SPSS, proceeded in three stages. First, data were screened and cleaned. An in-depth description of screening the data and checking for assumptions is provided in the Chapter 5 of this study. Second, descriptive statistics were analyzed. Descriptive statistics allow one to describe the data as a whole, providing insight into the data sample. Using univariate analysis, means and standard deviations were calculated in order to examine variables of interest across cases. Third, multiple regression examined the relationship between our dependent or criterion variable and the specified independent or predictor variables of interest. A description of multiple regression follows including a rationale for choosing which independent variables to include in the model.

Regression analysis allows researchers to describe the “nature of the relationship” between a dependent and an independent variable (Kachigan, 1991, pg. 160). Multiple regression, on the other hand, utilizes several independent variables and one dependent variable. This approach enables us to account for more of the variance in the dependent variable. According to Pedhazur (1997), regression analysis has two primary functions: prediction and explanation. In terms of objectives, regression analysis has four: to determine whether a relationship exists between two variables (or more in multiple regression), to describe the nature of the relationship if one exists, to determine the degree of prediction, and for multiple regression, to assess the contribution of the predictor variables in their contribution to the variance explained in the criterion variable (Kachigan, 1991). The general form of the multiple regression equation is:

$$y^1 = a + b_1x_1 + b_2x_2 + \dots + b_kx_k$$

In this equation y^1 is the value of the dependent variable or what is being predicted or explained. The intercept is referenced by the letter a . The independent variables are denoted by x with each paired with its corresponding slope or beta coefficient (b_1 , b_2 and so forth).

The quantitative data for this analysis is not longitudinal, rather it is cross-sectional where data were collected for each group (males and females) at one time point. Therefore the purpose of this multiple regression analysis is not prediction, but explanation. In order to explain how former child soldiers experience social support in their community it seemed obvious that the index of social support would be the dependent variable. The theoretical framework that guides this research, social stress theory, was chosen as the point from which to determine which independent variables to include in the model.

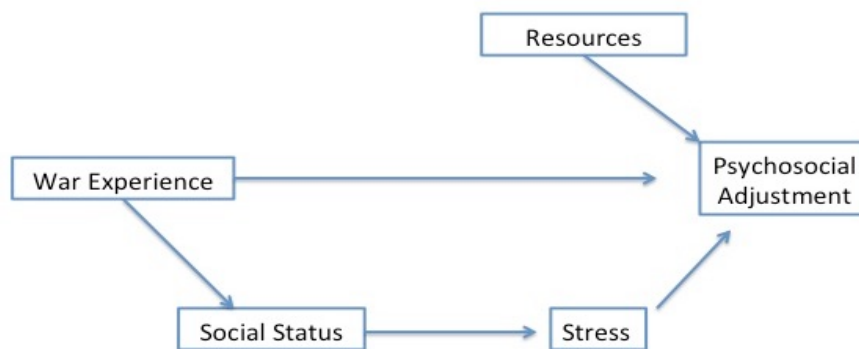


Figure 4. Theoretical framework: Social Stress Theory

Remembering our discussion from Chapter 2, this framework asserts that war experience (trauma) leads to a prescribed social status (former child soldier), which causes stress (stigma & discrimination), leading to poor health outcomes (psychosocial adjustment). Within this theory, stigma not only results in increased stress, but it also impedes an

individual's access to coping resources (Aneshensel, 1992; Betancourt, Agnew-Blais, et al., 2010). The 15 independent variables within this analysis relate to the following theoretical constructs: war experience, social status, resources, and psychosocial adjustment.

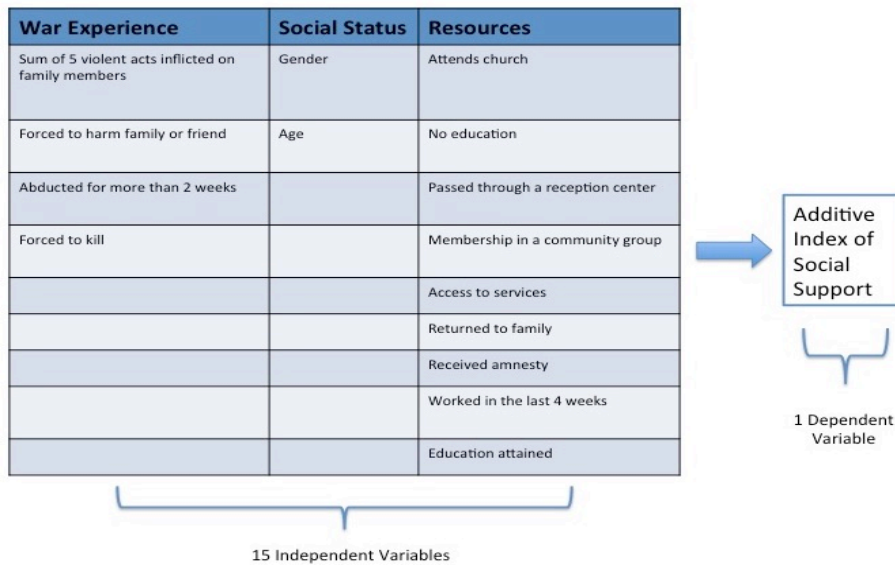


Figure 5. Couching the independent variables within the theoretical framework that guides this research agenda

All quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS). Due to the cross-sectional nature of these data our independent variables will also be referred to as correlates. The multiple regression analysis performed will allow for explication of the most salient correlates. These significant correlates, including those non-significant correlates that are not expected, will inform the collection of qualitative data, discussed in detail below.

Phase 2: Qualitative Data

Utilizing results from the secondary data analysis of SWAY data, Phase 2 relies on a qualitative approach to research to further explore possible explanations for any

significant findings. The use of qualitative research to bolster quantitative findings appropriately suits this data as previous uses of SWAY relied on qualitative interviews to further explain quantitative findings.

Participants

Study Population. The target population for the qualitative interviews are formerly abducted youth living in Northern Uganda, specifically those living in the Gulu area. A major feature of this study is the partnership that has been established with the Community Rural Empowerment Support Organization (CRESO) located in Gulu. CRESO will act as gatekeeper or cultural broker to the Gulu community. In regards to this research, with this researcher being an outsider in many respects, working with a cultural broker with formal authority in Gulu provides the necessary access to Gulu as the primary site of our research (Neuman, 2000). Working with CRESO and their vast network we will be able to identify a sample of former child soldiers within the area. In order to be included in our sample a former child soldier must have been involved in armed conflict in any capacity in the past. There is a stressing of “any capacity” because many child soldiers serve in supportive roles to help sustain the war effort versus carrying arms and engaging in direct armed combat. Often times these individuals are overlooked and denied services offered to their counterparts with weapons. All potential participants must be over age 18 in order to be included in our study.

Within this study, the former child soldiers represent a potentially vulnerable population. It is important to note that while this group is vulnerable the study inquiry is not directed to one’s past experience as a child soldier. Rather, this research is interested in highlighting how these individuals conceptualize and experience support in their

community. Regardless, safeguards that will be put in place to protect participants rights and welfare include: ensuring they are over age 18, obtaining culturally grounded informed oral consent, anonymizing all information to protect participant identities, working with locally trained research assistants at CRESO to ensure culturally grounded protocols are respected, and ensuring a referral network through our community partner is in place for those experiencing distress or seeking assistance. Additionally, participants will be given multiple opportunities to discontinue their participation at any time.

Sampling Strategy. Due to the already established relationship with CRESO and their role as a gatekeeper in the community, a combination of snowball and convenience sampling will be used. Snowball sampling allows a researcher to identify cases of interest from people who are knowledgeable about “information-rich” cases (Creswell, 2007, p. 127). Through snowball sampling CRESO will rely on their vast network to help identify possible participants for inclusion. Convenience sampling will also be used in order to locate formerly abducted youth living in the Gulu area. Simply put, CRESO works with vulnerable populations in Gulu, including former child soldiers, therefore CRESO provides a convenient site from which to access and sample study participants. Due to these two types of sampling strategy, we were able to locate 20 former child soldiers, 10 male and 10 female respondents. Polkinghorne (1989) recommends interviewing anywhere from 5 to 25 people for a phenomenological study. Therefore we determined 20 participants to be an adequate amount in which to elicit rich information regarding each participant’s experience with post-conflict social support.

Data collection

In collaboration with CRESO, information regarding the study was circulated prior to in-country data collection. Flyers were created, printed and distributed at CRESO (see Appendix B for study flyer). Before beginning the interview process, it was deemed necessary that we engage the community in a manner that is culturally appropriate. After discussing this idea with the Executive Director of CRESO, Arop Francis Omuk, we decided to host a meal in Gulu and invite some key community members as well as others deemed necessary by CRESO. Those members included some of the elders from the village, a few key church leaders, and CRESO staff. During this meal we discussed our research agenda, including our expectations for both the study participants and community as a whole. We also expressed gratitude to the community for allowing us to investigate a topic as sensitive as this. Once we received buy-in from the community, it was possible to begin qualitative data collection.

After input from IRB and careful consideration, it was determined that oral consent (versus written consent) would be obtained from participants (see Appendix C for the oral consent form). The oral consent process, while similar to the written consent process, requires the principal investigator to verbally communicate the elements of the proposed study and obtain verbal agreement from the participant. Oral consent documents were modified in consultation with research assistants at CRESO in order to ensure the consent process communicated the study effectively and in a way that is congruent with the local context. Once the study was communicated orally, the participants were asked to give verbal consent stating they either agree or do not agree to participate in the study. All 20 participants agreed to participate in the study.

Once oral consent was obtained, we commenced the data collection portion of this research agenda. Data were collected via individual, semi-structured interviews (see Appendix D for the interview protocol). Semi-structured interviews utilize limited questions prepared in advance allowing information to flow naturally between interviewer and interviewee (Rubin & Rubin, 2012). Following a “tree and branches” approach, a core question or idea represents the trunk which supports the main questions asked, or branches. This process allows the researcher to explicate the scope and breadth of the issue at hand (Rubin & Rubin, 2012). Moreover, the use of open-ended questions allows the participant to use their own words in describing the issue, something especially important in cross-cultural interviewing. The two primary research questions that formed the structure of the in-depth interviews are:

1. Can you describe your experience of social support in your community since you returned from the bush?
2. What effect has this experience had on your life?

With participant consent, all interviews were recorded via a digital tape recorder by this researcher for later data analysis. Interviews lasted approximately 60 minutes and occurred outside at a hotel and conference center in Gulu. Participants were compensated \$20 and were provided beverages and snacks throughout the interview. These monetary figures were established after careful consideration regarding the economic context of the area and the nature of the study and requirements for participation. Data collection concluded in January 2016.

Storage of collected data. All audio data were uploaded onto the DU server and stored in an encrypted file. As the audiotape is digital, as soon as the recording was

uploaded onto the server, it was deleted from the audiotape recorder. Participant data was de-identified, with names removed and replaced by numbers. The DU server that housed all study data is password protected with a code only known to the principal investigator. It is important to emphasize that all identifiable data was encrypted and saved on a DU server, only accessible using VPN.

Qualitative Data Analysis

Social support, and the various forms it can take, has emerged as a critical component of one's recovery in the post-conflict environment (Amone P'Olak, Jones, et al., 2014; Betancourt, Agnew-Blais, et al., 2010; Ertl et al., 2014; Morley & Kohrt, 2013). Given that there is a lacking exploration of what social support looks like for this group, this researcher deemed it vital to qualitatively explore the experiential components of social support and how it has structured and impacted the lives of formerly abducted youth. Therefore, analysis of the respondent interviews utilized a phenomenological approach to qualitative research.

As a philosophy, phenomenology can be traced back to Kant and Hegel with Edmund Husserl primarily considered the founder of phenomenology (Creswell, 2013; Vandenberg, 1997). Husserl, grounded in the branch of philosophy concerned with human consciousness, rejected the notion that the external world exists independently. Arguing instead that one's reality and immediate experience are the central point from where to understand any phenomenon. In this sense, phenomenology dismisses scientific study solely concerned with the study of material things by centering the individual and their consciousness (Moustakas, 1994). The interaction between the mind and body results in experience,- the primary concern of any phenomenologist.

Phenomenology relies on self-reflection and intuition in order to describe things as they are and to capture the essence of one's lived experience (Moustakas, 1994). Using open-ended questions the researcher aims to describe the structure of the experience with an end goal of determining the meaning of the experience from those who have had the experience of interest. Moreover, phenomenology encompasses a unique ability to capture the social and cultural aspects of a particular phenomenon (Cohen, Kahn, & Steeves, 2000). Given the particular socio-cultural context of war-affected youth living in Northern Uganda, phenomenology is poised to explicate those social and cultural components overlooked in many quantitative and qualitative approaches.

Computer assisted qualitative data analysis software (CAQDAS), specifically Atlas.ti, was used to organize and analyze the qualitative data (Barry, 1998). There are three conceptual tasks that phenomenologists must assume when analyzing the qualitative data: epoche, eidetic reduction, and imaginative variation (Lin, 2013; Moustakas, 1994). Epoche, also referred to as bracketing, is the process where the researcher recognizes and suspends their own personal beliefs, values, and assumptions related to the phenomenon (Creswell, 2007; Lin, 2013; Moustakas, 1994). This iterative process occurs prior to data collection and was described in depth in the discussion regarding researcher positioning and positionality. Bracketing should also happen during data analysis to ensure the researcher remains grounded in the experiences of the participants. Eidetic reduction is the process where the phenomenon is disconnected from its surface or superficial components, revealing its true essence (Moustakas, 1994). Eidetic reduction, also referred to as horizontalization, creates both individual and composite textual descriptions of the experience (Moustakas, 1994). Finally, imaginative variation, which complements eidetic

reduction, allows the researcher to construct a list of structural qualities of the experience, clustering these structural qualities into themes. Textual descriptions refer to what the participants experienced while structural descriptions refer to how the participants lived the experience. Together, these descriptions develop a synthesis of the experience, revealing the true essence of the phenomenon.

In conclusion, the steps of data analysis include bracketing out the personal experiences and assumptions of the researcher related to the phenomenon of interest. Second, using the transcribed interviews, the researcher develops a list of significant statements. Third, the significant statements are grouped into themes. Using verbatim examples the researcher then creates a textural description of what was experienced by the study participants. In the fifth step the researcher reflects on the setting and context in which the phenomenon was experienced, creating a structural description of how the experience happened. Finally, a composite description of the phenomenon follows, incorporating the textural and structural descriptions, allowing for the essence of the experience to take hold.

Credibility and Trustworthiness

In conducting research, the researcher is tasked with maintaining ethical standards to ensure both the credibility and trustworthiness of the study. By audiotaping the interviews, this researcher was able to transcribe and analyze verbatim text reflecting the feelings and experience of each participant. All participants were asked if there was anything else they would like to add that would enrich the interview or current state of knowledge. These steps were taken to ensure credibility of the research. With more time and resources, this researcher would have liked to conduct follow-up interviews in order

to discern the most salient facets of the phenomenon and increase credibility.

Additionally, this researcher would have liked to use other documents or means of observation to increase credibility.

Trustworthiness was ensured through transparency and consistency. The utilization of field notes, research memos and transcripts ensured the researcher was as transparent as possible in excluding bias as well as detailing the step-by-step process of data collection. Using the same semi-structured interview throughout the interview process allowed for consistency regarding questions asked. This also aided in the continuous emergence of similar themes and concepts across all interviews conducted.

The entire methodological process of designing, implementing and analyzing a research study is highly rigorous and complex. Care must be taken throughout the process to ensure the researcher is capturing what is intended, that the participant's voice is represented in an unadulterated manner, and that the entire process is carried out in a way that respects the dignity and self-worth of those involved. These considerations must be incorporated at every stage of the research process, especially when illuminating the results.

Triangulation of Quantitative and Qualitative Data

The research design, following a mixed methods approach to research, synthesizes ideas from quantitative and qualitative research in an attempt to consider multiple viewpoints, positions, and ways of knowing and doing (Johnson, Onwuegbuzie & Turner, 2007). The process of combining two methodologies in a complementary way to study the same phenomenon is referred to as triangulation (Denzin, 1978). By using multiple data streams investigating the same phenomenon, allowing for cross-validation

of comparable data, one can improve validity and accuracy in understanding the phenomenon of interest (Dick, 1979). In this case the phenomenon refers to social support for former child soldiers. For this specific research agenda, triangulation is employed to capture a more holistic understanding of how former child soldiers experience social support in the post-conflict environment. By using secondary data analysis of existing quantitative data, coupled with the collection and analysis of in-depth qualitative interviews in light of the quantitative data, it is possible to further explicate quantitative findings as well as to enrich our understanding by considering the context. In this sense, our understanding of this phenomenon is expanded, “allowing for new or deeper dimensions to emerge” (Dick, 1979, pg. 603). Additionally, by amalgamating the two data streams, findings are compared for points of convergence and divergence. This process allows for increased support of similar findings as well as a critical analysis of conflicting evidence (Creswell, 2013).

Ethical Considerations

Social work researchers face an immense task in conducting research considering the nature of the populations we engage with, the issues we address, our involvement with our clients, and our overall desire for social transformation (Mertens & Ginsberg, 2008). When conducting research regarding vulnerable populations ethical considerations must be made central at every stage of research conceptualization and implementation. Even well intentioned research can violate what Michael Wessels (2007) deems the “humanitarian imperative” of Do No Harm. It is no surprise then that minimizing harm and maintaining participant confidentiality is critical (Creswell, 2013). In this research agenda, ethical considerations were made apparent during data conceptualization, data

collection, and in regards to storage of data. For the quantitative data, researchers gained participant informed consent prior to collecting data in-country. The primary researchers also worked with local, university trained research assistants. By working with local researchers, the principal investigators ensured their approach to research was culturally grounded. Finally, the researchers anonymized all data ensuring there was no way any one individual could be implicated or connected to the collected data. By making these considerations explicit, I felt confident using this particular existing quantitative data to inform the collection of qualitative data.

While existing quantitative data is complemented by qualitative data, in many respects the qualitative data is prioritized in this particular study. In this way, the complexity of the human experience is given primacy as the first step in conducting research concerned with issues of social justice (Mertens & Ginsberg, 2008). It is this social justice lens that informs the entire research agenda. Prior to engaging in data collected this research applied for and gained IRB approval. The IRB process ensures that research involving human subjects centers ethical considerations while minimizing risks and maximizing potential benefits to everyone involved. In country I worked with CRESO, acting as a cultural broker, to gain access to the Gulu community in Northern Uganda. By having a meal with key stakeholders before the commencement of data collection we were able to discuss our research aims, ensuring those in attendance were able to ask for clarification and voice any concerns they may have. We also had a final meal where we discussed some initial insights from our work. Recognizing the sensitive nature of this research we ensured interviews were conducted in a neutral place, utilized a male and female translator depending on the interviewee, and had a list of resources in

case anything from the interview elicited a response that warranted the study participant being connected to community-based services. By obtaining oral consent, anonymizing all data from the beginning, and storing all data within encrypted files on password protected external servers we ensured participant confidentiality was maintained to the highest degree. Finally, as evidenced in the discussion on researcher positioning and positionality, this researcher sought to elucidate the “self” and the role of authentic reflexivity in acknowledging those interpersonal and institutional differences within this research (Butler, Ford, & Tregaskis, 2007; Mertens & Ginsberg, 2008). By doing so, it was possible to establish rapport with interview participants while being vigilant about researcher power and potential bias.

Limitations

In terms of the limitations of this study, there are some that merit discussion. Data regarding reliability of the survey instruments in Phase 1 is not currently available, but reports detail that SWAY researchers spent several months in the field developing instruments in consultation with community leaders, psychosocial counselors, youth groups, and other researchers (Annan, Blattman, Mazurana & Carlson, 2008). Therefore, the quantitative data will be interpreted with caution, while being mindful of the vast experience of both principal investigators.

Another limitation regards the time frame in which both phases of data were collected. The Survey of War Affected Youth data collection occurred from July 2005 to August 2007 while qualitative interviews were conducted in January 2016. As this study centers community-based social support as the phenomenon of interest, a case could be made that support experiences during the height of the conflict would be much different

than support occurring once major aspects of the conflict have subsided. Moreover, as some interviewees had returned from the bush quite some time ago, some discussions relied on retrospective data. Despite this concern, it was determined that maintaining a researcher lens that considers the multiple levels of the ecological system present in both phases of data collection would appropriately address this limitation.

Finally, member checking, where researchers return to participants to ensure the data and analysis captured the essence of the phenomenon of interest, did not occur in regards to the qualitative data. Due to time and funding constraints, returning to Uganda for member checking is not possible. However, this study will be disseminated to the larger Gulu community, including study participants. If any issues arise in how the data were interpreted, the necessary changes will be made.

Summary

This chapter provides a detailed overview of the methodological considerations and processes that guide data conceptualization, collection, and analysis. Functioning like a roadmap, this chapter details the entire process one must undertake when conducting research involving “human subjects”. While not necessary, this researcher, in recognizing their status as a researcher-outsider, decided to make the process of recognizing and reconciling researcher positioning and positionality. The qualitative vein of this research proposes that researchers engage in the process of bracketing out assumptions before and during data collection, as well as during data analysis. When one considers the historical involvement of social work in Africa, however, going deeper via a process of challenging, confronting, and continuously developing one’s critical consciousness was deemed vital. The next chapter provides in-depth information regarding the results of this

sequential explanatory mixed-methods approach to understanding how former child soldiers experience social support in their community post-conflict.

Chapter 4: Results

This chapter, divided into two sections, discusses the results of data analysis for this dissertation study. The first section details the approach to data analysis and results for the quantitative data. The second section details the approach to data analysis and results for the qualitative data. In both sections only a brief discussion of the results will occur as the mixed-methods nature of this study relies on data triangulation in order to truly understand the phenomenon of interest. Triangulation of both data streams will be provided in the following chapter.

Phase 1: Quantitative Data

This mixed methods study is guided by one broad research question: How do former child soldiers living in Northern Uganda experience support in their community? The primary research question for the quantitative analysis is: What are the most salient correlates of social support for former child soldiers living in Northern Uganda?

$$H_0: \beta_1 = \beta_2 = \dots = \beta_{p-1} = 0$$

Null Hypothesis: One's experience of social support is not affected by the following 15 independent variables: attends church, no education, passing through a reception center, number of groups to which a youth belongs, received services, returned to family, sum of 5 violent acts inflicted on family members, forced to harm family or

friend, abducted for more than 2 weeks, age, received amnesty, forced to kill, gender, worked in last 4 weeks, and years of education attained.

H_1 : At least one $\beta_i \neq 0$.

Alternative Hypothesis: One's experience of social support is affected by at least one of the following 15 independent variables: attends church, no education, passing through a reception center, number of groups to which a youth belongs, received services, returned to family, sum of 5 violent acts inflicted on family members, forced to harm family or friend, abducted for more than 2 weeks, age, received amnesty, forced to kill, gender, worked in last 4 weeks, and years of education attained.

With these research questions in mind, the primary objective of the quantitative analysis is to examine the most salient correlates of social support for former child soldiers living in Northern Uganda. In order to obtain this objective, data analysis proceeded in three stages. First, data were screened and cleaned. Second, descriptive statistics were analyzed. Using univariate analysis, means and standard deviations were calculated in order to examine variables of interest across cases. Third, multiple regression was employed to examine the relationship between our dependent or criterion variable and the specified independent or predictor variables of interest.

Multiple Regression Assumptions Testing

In cleaning the data, the dataset was tested for the following assumptions: linearity, independence, homoscedasticity, multicollinearity, and normality. Testing for and meeting the aforementioned assumptions is necessary in order to make accurate predictions regarding the relationship between the dependent and independent variables of interest (Darlington, 1968; Osborne & Waters, 2002). While multiple regression is

robust to violations of homoscedasticity and multicollinearity, violations of linearity and normality can severely bias the entire analysis. Therefore, prior to conducting the regression, the data were screened and cleaned, meeting the assumptions of multiple regression. With the data meeting the necessary assumptions, univariate analyses were conducted.

Univariate Analysis: Descriptive Statistics

Initial descriptive statistics provide insight into the data (see Appendix E for quantitative descriptive statistics). Of those abducted youth, 33% were girls and 67% were boys. With research detailing that girls comprise approximately 30% of the child soldier ranks, these data provide an adequate gender representation (Corbin, 2012). Respondents ranged in age from 14 to 37 years of age with 22 being the mean age. Almost half of the youth (47%) had 5-7 years of education while 6% revealed they had received no formal education whatsoever. Information about war experiences further situated this group in regards to their experiences as youth combatants.

In terms of abduction, all youth in this sample were abducted at least once (n=1118). For those abducted females, 5% identified as being a forced wife, meaning they were “given” to a commander during their time in the bush. In regards to female abductions lasting longer than two weeks, 2.5% had a child from a forced marriage. Due to the culture of Uganda, a culture described as highly patriarchal, these figures may be grossly underrepresented. Ten percent of all abducted youth stated they experienced a serious injury while a part of the Lord’s Resistance Army (LRA). In terms of violence inflicted on others, 16% stated they were forced to kill either another soldier, civilian, friend, or family member and 9% were forced to harm either a family member or friend.

Often times these youth are forced to perpetrate atrocities within their own communities, a process known as “burning the bridge”, in order to solidify allegiance and deter escape (Kibanja, Kajumba & Johnson, 2012). The focus on disrupting the social fabric of communities represents one of the more targeted acts committed by the LRA. By dismantling those crucial social ties, it was hoped that abductees could be more easily integrated into the war effort as they no longer had a home they could return to. Thankfully, through community-wide sensitization and education campaigns, many youth in Northern Uganda were able to return to their community and access important services.

Once demobilized, 24% of the youth passed through a reception center. These reception centers, commonly referred to as Interim Care Centers, offer counseling and psychosocial support as well as medical care, shelter, and food before the youth are returned home or placed in sustainable livelihood activities (Rivard, 2010). More recent figures from reception centers in Uganda reveal that only about 13-14% of youth access these services (Falkenberg, 2013). Sadly, many youth may forego passing through a reception center either due to a mistrust of using formal services, not wanting to be labeled a child soldier, or simply not knowing about them. Equally surprising is access to amnesty as only 14% stated they had received amnesty. The Amnesty Act, which passed in January 2000, requires that a combatant report to the nearest army or police unit, local magistrate, or religious leader (Hovil & Lomo, 2005). They must then renounce and abandon involvement in the armed rebellion, and relinquish any weapons in their possession (Afako, 2002). Upon receiving an Amnesty Certificate, former combatants are then given a reintegration package of money, food, and a “home kit” consisting of a

mattress, pots, pans, and a blanket (Hovil & Lomo, 2005). With the Amnesty Act implemented in 2000, coupled with quantitative data collected from 2005 to 2007, one could argue that many of the youth had returned from the bush before the Amnesty Act went into effect.

Despite the limited amount of youth passing through reception centers or receiving an amnesty certificate, there were some hopeful post-conflict occurrences that are worth noting. Forty-one percent of the abducted youth returned to their parents, grandparents, husband/wife, or siblings once they returned. Given the available data on the importance of family acceptance, coupled with the use of “burning the bridge techniques”, these numbers reveal the supportive family structures still in place for many war-affected youth. In terms of blame only a small minority of youth (3%) blamed themselves for acts committed during their time in captivity or for causing trouble in their community (3%). Finally, after demobilization, many youth became active in their communities by participating in social groups that provide a variety of services or support. The groups may focus on skills building, saving money, or simply providing a space for processing and adjusting to life post-conflict. Seventeen percent of youth belonged to one group, 8% belonged to two groups, 3% belonged to 3 groups, and 2% belonged to 4 groups. The importance of these groups, something that emerged in the qualitative interviews, will be discussed in detail later.

Multiple Regression Analysis

A multiple linear regression was calculated to predict social support based on the following 15 independent variables: attends church, no education, passing through a reception center, number of groups to which a youth belongs, received services, returned

to family, sum of 5 violent acts inflicted on family members, forced to harm family or friend, abducted for more than 2 weeks, age, received amnesty, forced to kill, gender, worked in last 4 weeks, and years of education attained. These 15 independent variables were chosen due to their fit within the theoretical framework that guides this research agenda.

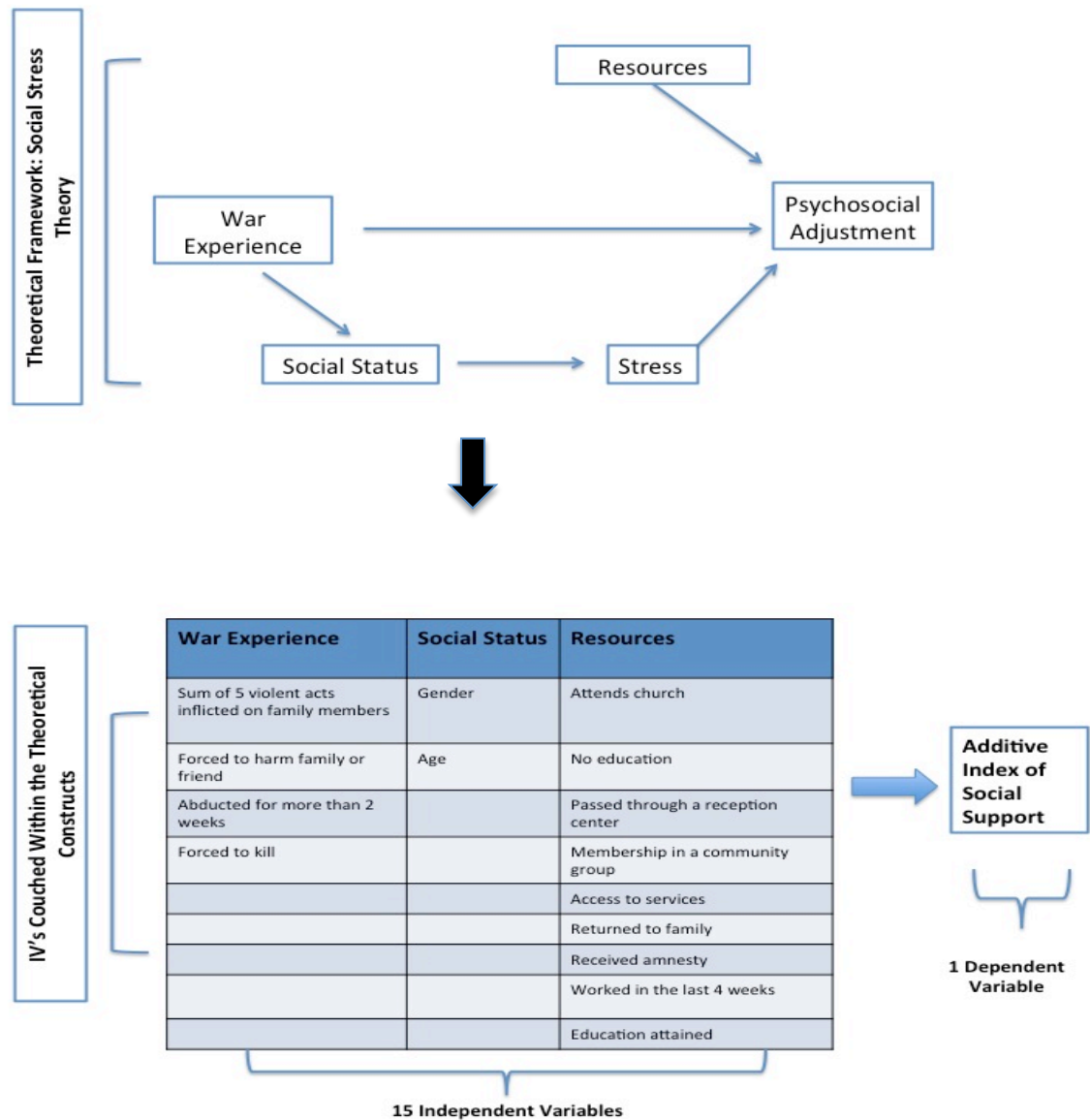


Figure 6. Using the theoretical framework to inform the 15 independent variables

The dependent variable in this analysis is the Additive Index of Social Support, an adapted 17-item measure that assesses concrete forms of support received from family and friends in the past month. Returning to our discussion of social support from the first chapter, social support involves one or more of the following: “(1) emotional concern (liking, love, empathy), (2) instrumental aid (goods or services), (3) information (about the environment), or (4) appraisal (information relevant to self evaluation)” (House, 1981, p.39). Similarly, the Index utilized in the collection of SWAY data primarily incorporates support related to receiving material/instrumental aid, information, and emotional concern.

A significant regression equation was found ($F(15,499)=28.437, p < .000$), with an R^2 of .418 (see Appendix H for the significant regression output). Together, the independent variables account for or explain approximately 42% of the variance in terms of social support. The following independent variables were significant correlates of social support: sum of 5 violent acts inflicted on family members, being forced to harm one’s family or friends, being abducted for more than 2 weeks, gender (being female), receiving amnesty, having worked in the last 4 weeks, and educational attainment.

Given the fact that the independent variables are not scaled on a similar metric, they were standardized and converted to z-scores. Therefore, in assessing the regression weights, beta weights were used to assess variable importance (Nathans, Oswald, & Nimon, 2012). Beta weights indicate the expected increase or decrease in the dependent variable given a one standard deviation increase in the independent variable while holding the remaining independent variables constant (Nathans, Oswald, & Nimon, 2012). Therefore, the beta weight provides a measure of the total effect of each

independent variable (LeBreton, Ployhart, & Ladd, 2004; Nathans, Oswald, & Nimon, 2012).

Significant Correlates of Social Support. Perhaps the most interesting finding is that gender, or being female, was a statistically significant correlate of social support ($\beta = .350, p < .000$). Research by McKay and Mazurana (2004) has consistently documented the lacking presence of female combatants in formal DDR programming. With DDR acting as a conduit for one to access formal post-conflict resources, one could expect that girls would experience less support. On the other hand, research has examined the desecuritization of women and girls post-conflict where women are viewed as passive victims versus “real soldiers” (MacKenzie, 2009). Through a narrative of victimization, where women and girls are solely situated as exercising little to no agency, the international humanitarian response has tended to concentrate its efforts on supporting and rehabilitating those women and girls affected by armed conflict. Because of this it is common to see many programs directly aimed at supporting former female child soldiers.

Having worked in the last four weeks was also a significant correlate of social support ($\beta = .345, p < .000$). The impact of economic opportunity as well as economic deprivation on former child soldiers is well documented (e.g. Betancourt et al., 2010; Blattman & Annan, 2010; Boothby, Crawford & Halperin, 2006). Often, once former combatants pass through a reception center they are linked to some sort of vocational training or skills development program. Given that only 24% of this sample accessed formal reintegration services is troubling considering the link between these services and future employment opportunities. Longitudinal data from Mozambique cites economic opportunity as providing former youth combatants with positive role models and

important life skills, as well as easing the transition to civilian life (Boothby, Crawford & Halperin, 2006). The support one could get from access to employment and, in turn, a sustainable livelihood is undeniable. However, in this particular analysis, teasing out the relationship between employment and social support would be especially helpful. For example, is this relationship bi-directional? Meaning, does initial access to social support positively inform one's ability to gain meaningful employment, which in turn increases the support one may have access to? Answering these questions would provide insight into the ways interventions can be better targeted in order to effect positive outcomes within multiple spheres of influence in one's life.

Educational attainment also emerged as significantly related to social support with more education being related to increased social support ($\beta = .271$, $p < .000$). Educational attainment functions similarly to being employed where a “chicken and egg” scenario is presented where the relationship between the significant correlates and social support may be more cyclical in nature. In Sierra Leone, for example, education presented as a protective factor (similar to its grouping under “resources” within the theoretical framework) with school attendance positively related to higher confidence levels and social attitudes (Betancourt et al., 2011). One could reasonably conclude that attending school equips one with the social network and social skills necessary to provide and receive social support. On the other hand, initial support could have provided the access to education, with commitment to educational attainment further solidifying support that was already in place. Either way, teasing out this relationship, as proposed regarding employment, would further explicate the nature of the relationship and provide increased insight into the factors positively influencing healthy life outcomes.

Being abducted for more than two weeks ($\beta = .192, p < .000$) and receiving amnesty ($\beta = .131, p < .05$) were also statistically significant variables in the relationship with social support. In terms of abduction, one can surmise that if an individual is abducted for more than two weeks they potentially experienced direct violence, both as a victim and perpetrator, witnessed violence, and began the process of inculcation. For organizations and aid groups working in conflict zones with limited resources, targeting abductees who have been in the bush for certain periods of time may be the best way to deliver assistance. In terms of receiving amnesty the process is similar to when one passes through a reception center. Therefore, by undergoing the amnesty process one is more likely to be linked to other supportive services. Additionally, the certificate serves as a badge to others that one has denounced the conflict and the violence that goes along with it. To community members, having the certificate can function as a way to say the individual is worthy of assistance and no longer a threat or someone who should be relegated to the margins.

The final two significant correlates relate to war experience. Being forced to harm one's family or friends ($\beta = .128, p < .001$) and sum of violent acts inflicted on family members ($\beta = .127, p < .000$) were both significantly related to one's experience with social support. These two correlates are most likely related to the concept of "burning the bridge" where abductees are forced to perpetrate violence on family and community members in order to deter future escape and ensure group allegiance (Kibanja, Kajumba, & Johnson, 2012). For the LRA, specifically, it is common practice to abduct an entire family to transport looted goods and then release those deemed unfit or less able-bodied (Blattman, 2007). Therefore, an entire family, whether they were abducted long-term or

not, may have direct insight into the circumstances and experiences of those loved ones who are retained by the rebel group. Another important distinction to make is that the LRA relies on large-scale, involuntary and indiscriminant recruitment (Blattman, 2007). One could argue that the forcible nature in which individuals are abducted, including the targeted use of violence during abduction, would foster an environment of support and understanding for those who return from the bush. In Sierra Leone and Uganda, for example, radio programs have been one way that organizations have worked to educate local communities about the realities of child soldiers, with a goal of sensitizing communities and increasing acceptance and support for this vulnerable group (Singer, 2005).

Non-significant correlates of social support. Age, having no education, being forced to kill, passing through a reception center, receiving services, returning to one's family, belonging to social groups, and attending church were all non-significant correlates of social support. Of interest are those variables that directly relate to the larger social realm of one's life. One would expect that reunification with family, passing through a reception center, receiving services, and attending church would easily translate into social support. On the other hand, the support index used in this analysis specifically asks about support received *in the past month*. Access to a reception center and the services that go along with it typically occurs as soon as one disconnects from the bush. If these data were collected outside of the appropriate timeframe then these variables and their significance in the relationship with social support could be affected. Furthermore, participatory action research (PAR) involving formerly abducted child mothers in Uganda highlighted how services and reintegration kits directed at abductees

created community discord (e.g. McKay et al., 2010). The internal nature of many of these armed conflicts means that entire communities are affected, either directly by losing someone or their home, or indirectly in terms of the breakdown in services, infrastructure, and job opportunities. Creating a hierarchy of need, and streamlining services accordingly, undoubtedly creates conflict and summons feelings of jealousy among individuals facing hardship directly connected to the armed conflict. Similarly, while many youth in this sample returned to their family (41%), research has shown that many youth experience stigma directly from their family members (e.g. Amone P'Olak, Jones, et al., 2014; Denov & Marchand, 2014). Therefore, it is not uncommon for youth to initially seek support from their family, but eventually disconnect and move away in order to support themselves in a healthier environment. While this could potentially create a negative relationship with support, many caregivers struggle to simply support themselves. A returned family member may be seen as a blessing and may require initial support, due to the realities of conflict-affected communities, however, the family as a whole may be unable to restructure their lives and direct their socioemotional understanding to just one family member. Belonging to social groups and attending church were also non-significant. These two variables will be further explored within the triangulation of the quantitative and qualitative data given their unique importance within the qualitative transcripts.

Phase 2: Qualitative Data

Following the sequential explanatory nature of this mixed-methods research agenda, the quantitative results provide the context for the collection of the qualitative data. The qualitative data are then used to further explain the quantitative results. The

sequential explanatory aspect of this research is further balanced by the phenomenological approach assumed within the qualitative vein. Therefore, while the quantitative analysis provides the context for the collection of the qualitative data, the qualitative data is ultimately grounded in understanding a collective experience. Therefore, the qualitative data collection relied on the use of open-ended questions during participant interviews. The two primary research questions are:

3. Can you describe your experience of social support in your community since you returned from the bush?
4. What effect has this experience had on your life?

The purpose of the qualitative inquiry was to explore experiences of social support among former child soldiers living in Northern Uganda. At this stage in the research, social support will generally be defined as having access to or being provided with emotional concern, instrumental aid, information, or appraisal (House, 1981). This section encompasses the analytic process assumed in order to make sense of the qualitative data as a whole.

Phenomenological Approach

Phenomenology is typically divided into two types: hermeneutic phenomenology and transcendental phenomenology (Creswell, 2007). Transcendental phenomenology was chosen as the best approach for two reasons. First, transcendental phenomenology centers the participants and their lived experience whereas hermeneutic phenomenology relies on the researcher to make interpretations regarding the meaning of the lived experience (Creswell, 2007). In this sense, transcendental phenomenology is more concerned with describing the experience using the words of the participants. Second,

given the discussion of social work's history coupled with the tendency for western research to export its own ideas and ways of knowing and doing, aligning with a phenomenological approach that is truly grounded in the lived experience of the participants was deemed crucial. With the phenomenon of interest identified, the process of data collection, discussed in detail in Chapter 3, was carried out. The following section provides the procedures for explication of the qualitative data⁴.

Explication of Qualitative Data

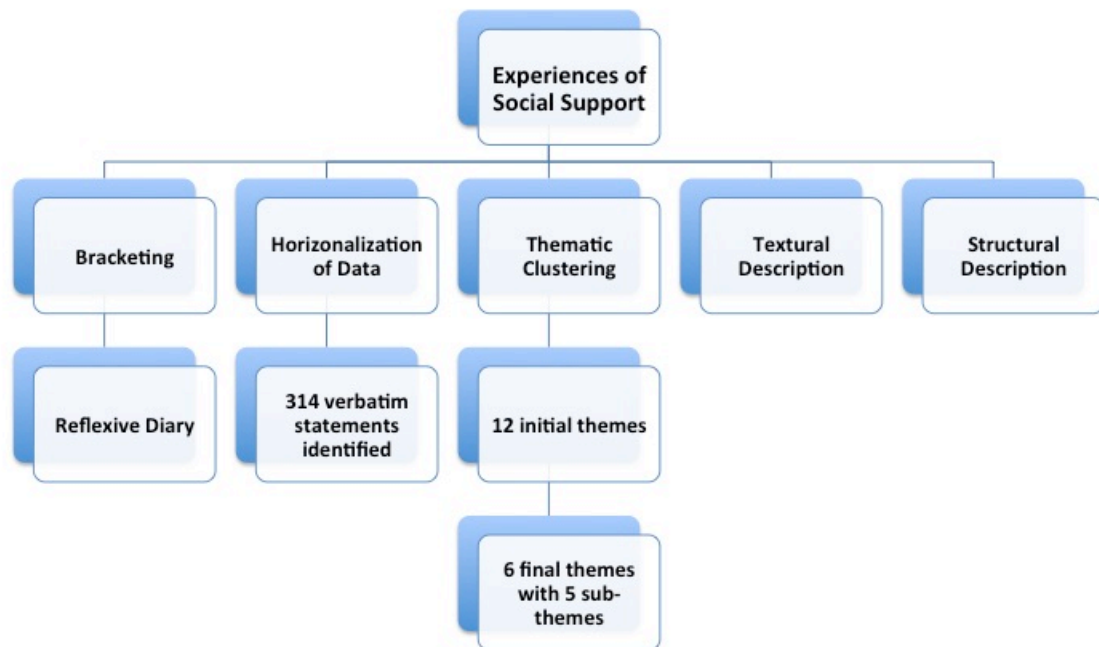


Figure 7. Qualitative data explication process.

Bracketing. The first step in data explication, as seen in Figure 7, is the process known as epoche or bracketing. While Moustakas (1994) discusses bracketing as

⁴ The term “explication” was purposefully chosen over “analysis”. Referencing Coffey and Atkinson (1996), analysis infers breaking apart the data whereas explication more so relates to investigating the data while maintaining its connection to a larger phenomenon.

something that occurs prior to data are collected, it was decided that bracketing should continue throughout the entire data collection and explication process. Chan, Fung and Chien (2013) further challenge researchers to bracket before conducting a review of the literature as the literature review, data collection and analysis are sequentially related. By situating bracketing as an iterative process occurring continuously throughout the research it is possible to ensure that researcher experience and biases do not influence the data. Of course, there is some debate as to whether the researcher can ever be truly free of their biases and fully mitigate researcher influence on the data. Regardless, explicit bracketing is one-way researchers can recognize the presence of bias and work to remove it from the data collection and explication process. Moreover, by making this iterative process explicit, almost like a manual, a call is made to those undertaking any sort of research to consider how researcher bias may be seeping in, consciously or not.

Within this research agenda bracketing occurred while conceptualizing the research proposal. A reflexive diary was used in order to bring reflexivity into the researcher's consciousness, allowing for a continuous examination of the researcher's positions that might affect the research process (Wall, Glenn, Mitchinson, & Poole, 2004). While constructing the proposal, which was informed by previous literature reviews, it was evident that social support would be central. Through bracketing it became obvious that I was leaning towards examining social support among former female child soldiers. Due to a lacking female representation in the literature, centering the female experience seemed important. After discussing with my community partner, however, I learned that they work with both male and female former abductees. To focus on only one group would severely limit the Community Rural Empowerment Support

Organization's (CRESO) ability to use our research to inform comprehensive service delivery.

Bracketing was also used when deciding the methodological approach for this research agenda. Access to secondary data provided a straightforward, cost friendly approach to this research. Given the lack of mixed methods research pertaining to war-affected youth, however, mixed-methods was chosen as an approach that could positively impact the current knowledge base. Through bracketing I was able to discern whether I was mentally prepared to undertake this agenda, and in terms of the phenomenological aspect of the qualitative inquiry (and my own outsider status), whether I could maintain the necessary cultural humility to truly capture the essence of one's experience. By working with CRESO, coupled with my own experience using phenomenology in the past, I felt adequately prepared to undertake this research agenda.

Bracketing was also used throughout the literature review and during the data collection process. It was decided that an expansive review of the literature would occur with studies grouped together into categories. Using the reflexive diary, I parsed out those aspects of the literature that were confirming for the proposed research, as well as those that warranted further consideration. This task in reflexivity confirmed that there was much to be explored in regards to social support as well as the importance of reminding myself to remain open to the literature, including those confirming and disconfirming pieces of information. Prior to data collection and while in country I relied on my reflexive diary to bracket out different assumptions I had as a result of my quantitative analysis, literature review, and discussions with my community partner. For example, I would frequently create columns for "what I know", "what I think I know"

and “what I do not know but would like to learn more about”. This process allowed me to see where my potential biases could start impacting my approach to data collection during the face-to-face interviews. In terms of data collection, a semi-structured interview protocol was used to guide the interviews in a way that relied on focused versus leading questions (Chan, Fung, & Chien, 2013). By using two broad questions in the interview, followed by clarifying questions based off participant responses, I ensured the participant’s experiences remained central. With the data collected (and transcribed at this point) the researcher begins the process of reducing the data to significant statements and grouping the data into thematic categories.

Horizonalization. Prior to commencing horizonalization of the data, also known as the eidetic reduction process, all interviews were transcribed and read repetitively. A conscious reading and re-reading of the transcripts, including the use of bracketing in the reflexive diary, allowed this researcher to gain a level of introspection necessary for beginning the eidetic reduction process. Eidetic reduction is the process in phenomenology where the researcher highlights significant statements that relate to participant experiences in regards to the phenomenon of interest (Moustakas, 1994).

After reading and re-reading the interviews 314 verbatim statements were extracted that related to one’s experience of social support in their community post-conflict. Each verbatim statement was connected to a formulated meaning, as evidenced in Table 2. After repetitively reading through the verbatim statements and formulated meanings they were clustered into 12 initial “meaning units” or themes. As phenomenology is concerned with understanding a universal experience, each initial theme also delineated how many participant voices were present. This allowed for a

deeper understanding of those initial themes common to most or all participants as well as those that explicated more individual variation (Hyncer, 1999). Referencing Grownwald (2004), those minority voices provide important counterpoints in regards to the phenomenon under study.

Table 2. Selected Examples of Significant Statements Regarding Experiences of Social Support Among Former Child Soldiers and Related Formulated Meanings

Significant Statement	Formulated Meaning
The stigmatization has really affected me and has hindered support in a way. Those whose children never returned, when they hear that someone has returned and they are getting support from NGOs or the government they feel that now mine is not there but the other one's children came back and they're getting support. It has brought conflict.	Accessing support services can cause one to experience stigma by compounding the loss that other's feel (e.g. losing a child <i>and</i> not receiving assistant).
My faith in God helps me a lot because otherwise I would be having trauma issues, but I don't because I have much faith in God.	Faith in God is one way former abductees are able to cope with their trauma.
The group is good because it brings people together. You feel a togetherness and it keeps your money for a long period. You feel your money is safe with the group. You can also get a loan out of the group. Also, in case of a problem, they will come and be with you, maybe cook or mourn.	Being a part of a social group can help you save money, provide access to loans, and provide an emotional support system in times of need.
I did not go to school. I don't speak English and I don't understand English. I do not have anybody to link me to these organizations that give support. You know it's all about linking somebody.	With limited education it can be hard to access information about support services without someone helping to connect you.

The initial 12 themes included: corruption and victimization; stigmatization; being a part of a church community/faith; family and community acceptance;

participating in social groups; being linked to services through a social network; having someone to relate to; access to formal counseling services; access to informal counseling; participating in a cleansing ceremony; access to vocational and life skills training, and, experiencing dehumanization and hopelessness. After re-visiting the 12 themes including the verbatim statements and formulated meanings, the themes were further distilled into six overarching themes with five sub-themes. Table 3, for example, shows two themes and their associated formulated meanings. The six overarching themes include: barriers to support; spirituality and faith; family and community acceptance; having a social network; access to counseling and psychosocial support; and, access to material supports. In terms of the sub-themes, corruption, victimization, and dehumanization and hopelessness were categorized as sub-themes related to barriers to support. The theme of access to counseling and psychosocial support was further divided into two subthemes: informal supports and formal supports. While evidence underscores the importance of participating in a cleansing ceremony, after re-visiting the transcripts as well as the literature it was determined that this construct more so relates to reintegration processes than social support. Moreover, with phenomenology concerned with capturing the experience of the collective and only four out of 20 participants discussing their experiences with the cleansing ceremonies, the decision to drop this piece was further solidified.

Table 3. Example of Two Theme Clusters With Their Associated Formulated Meanings

Family and community acceptance

- Being shown love and care from friends and family
- Feeling secure because there is support from family
- Being welcomed by the community is encouraging
- Community support provides protection from being abducted again
- Feel strong because your community welcomes you back
- Being accepted by your loved ones means you are not being stigmatized
- It is humbling to be accepted

Access to counseling and psychosocial support

- Psychosocial support allows one to live a normal life and fit in
- You have to learn how to cope
- Needing to learn how to be a part of a community again
- Access to formal counseling can provide skills for one to provide informal counseling to peers
- Needing to control feelings and tempers
- Working through issues in order to forget the past
- Forgiving yourself, accepting forgiveness, and forgiving others

Imaginative variation. Imaginative variation complements the process of eidetic reduction by elucidating the textural and structural features within the final themes. The textural description refers to what the participants experienced in terms of social support, while the structural description entails how the participants experienced social support (Creswell, 2007). The structural description relies on understanding the influence of the context and setting on how participants experienced social support.

The next section briefly discusses the results from this phenomenological inquiry. First, demographic information regarding the respondents is presented. The six themes and any corresponding sub-themes are discussed with verbatim statements utilized to illuminate the collective experience of social support. Following a discussion of the

themes, the textural and structural descriptions are incorporated in order to truly grasp the essence of this phenomenon.

Qualitative Results

Insight into sample. Prior to a discussion of social support as it was experienced by participants, it is important to gain deeper insight into what this sample looks like. As mentioned previously, 20 individuals, 10 male and 10 female, participated in the interviews. At the time of the interviews participants ranged in age from 20 to 30 years of age with the mean age being 28 years old. The mean age at abduction was 11 years old with abduction ages ranging from 6 to 16 years old. On average participants spent 9 years in the bush with abduction lengths varying from 8 months to 19 years. Five participants noted they were currently employed with 15 stating they were currently unemployed. All participants discussed engaging in some type of work to earn a living. For many, however, the work was seasonally dependent and sparse. Only one individual, a female participant, held a steady job as a janitor at the local hospital. All 20 participants attended church and considered themselves to be active members of their church. Sixteen participants passed through a reception center once demobilized and 11 received amnesty certificates. In terms of education there was a large amount of variation. Twelve participants had received at least some primary education with an average educational attainment of grade Primary 3. Five participants had gone to secondary education with the average educational attainment of grade Senior 4. One participant had attended some

university with plans to continue his studies when he could earn enough money to pay for his coursework. Two participants had received no education at all.⁵

Thematic clusters.

Theme 1: Barriers to support. In discussing their experiences with post-conflict social support, many respondents mentioned the various barriers they have experienced when attempting to access support. Perhaps most troubling for the respondents was experiencing stigma once returning from the bush. The emotional toll of stigma was evident with one participant noting, “it makes me feel uncomfortable, like I don’t fit into society. It makes me feel bad” (P3).⁶ One female participant, who experienced increased stigma due to having a serious facial injury, remarked:

At one time when I was moving I got a group of boys and they started commenting, “that is the ugly one. You go with the ugly one, the one without the lips.” And it hurts me a lot. There are times when I go back home with all these comments I have heard the whole day and I will break down and cry alone in the house. I am very strong, but as a human being at times I break down. (P10)

⁵ Education in Uganda follows the British education system where students undergo seven years of primary school, four years of lower secondary school, two years of upper secondary school, and three years of university. Even with Universal Primary Education and Universal Secondary Education implemented in Uganda, many simply cannot afford the costs associated with attending school (uniforms, transportation, materials, income loss, etc.).

⁶ Each participant has been assigned an identifier, P1-P20. These identifiers will be attached to verbatim statements in order to further ground this explication process within the experience of each person. In those cases where just one word is used the identifiers may not be used.

In other instances the returnees discuss how stigma can manifest itself as “gossip”, “people talking about you”, “people being afraid of you”, and “being called names”. What was most troubling, however, was when the source of the stigma came from one’s own family. Five different participants explicitly discussed the impact of experiencing stigma from their immediate family. Participant 8 discussed how when they were in the bush their sisters got married. Upon their return, they were visited by one sister. When she returned to her husband, he informed her he was leaving her for “visiting a rebel without his consent” (P8). The participant noted, “I have fears. I am now 2 years in town and no one has tried to check on me”. For many, family-based stigma forces one to leave home:

My aunt was married and her husband felt I was a burden because I might become violent. My aunt, with annoyance, decided to send me away. It was not her making, it was human nature and she could not tolerate me.

(P16)

Another participant remarked that they left home because their mother would attribute any mistakes they made with them having been in the bush. This behavior, where former child soldiers were held to different standards than others was common. For example, “if you make a mistake they will refer it back to your past and say that you did it because you were in the bush” (P6).

While stigma hindered access to support, many respondents noted being the targets of corruption and victimization as they were attempting to access various forms of social support. Several participants mentioned being apart of various social groups. Typically these groups revolve around savings and loans or skill development. Three

different participants, in discussing three different groups, revealed being taken advantage of:

We started the group as returnees but as time has passed we have also involved other people. Since we have involved outsiders who are not of our character or of our particular group, that woman ran away with our money. So now we are contemplating whether we will come back or not because of our money. We worked for the last year and we did not receive anything. (P1)

Other respondents highlighted the impact of corruption that happens at the governmental level. One individual stated, “the local government will divert [our] support to their children, maybe using their children’s name but my condition. That’s one of the biggest challenges we face” (P4). In discussing the corruption or its impact participants used phrases such as “this country is full of corruption” or “it’s like people are using me all the time”, along with words like “discouraged”, “challenge”, “fraud”, “unfortunate”, and “difficult”. Participants experienced victimization within the social groups they join, from their government officials, and from their own family members.

Theme 2: Spirituality and faith. Seventeen of the 20 participants discussed the role their faith in god plays in their overall experiences of support, with all 20 acknowledging their faith as important while attending church on a fairly regular basis. In fact, while the focus of this study was not on one’s wartime experiences, returnees openly credited their faith as being the reason they were able to survive their time in armed conflict. In the post-conflict environment, faith assumed an almost therapeutic role with participants citing their faith as “solving their problems”, allowing them to “pass

through difficulties”, helping them through their “trauma issues”, being the reason they have “managed to survive”, and “calming emotional tempers”. The importance of faith and spirituality among the returnees was immense. For many, their faith acted as the first form of support they would access when in need. One participant explained it vividly:

With me, if I get any of that kind of problem I may lie down, get a Bible, and read. If you learn on a scripture it can calm you down. If it is a lot I may call some people to come and give me counsel. (P18)

Theme 3: Family and community acceptance. Nineteen out of 20 participants explained the important role family and community acceptance assumed in their experiences of social support. For many the support began as soon as they returned from the bush. Participants noted receiving “a warm welcome” from their community, their community being “so happy that [I] returned”, showing them “love and care”, feeling “so strong” and “humbled” because they were accepted, and even offering “protection in the community” from being re-abducted. One male participant explained,

I loved it because I thought that when we returned that people would be looking at us like total strangers and people would not be happy with us but we were receiving support form the community and from these people in terms of counseling. People were nice to us and we were surprised. (P7)

While in the bush many child soldiers are told that they will be rejected by their community,- a tactic to deter escape. Therefore, being received so openly was transformative.

The initial welcome many received was further strengthened by concrete forms of support provided by family and friends. One abductee, who spent 19 years in the bush,

stated, “my friends and relatives came to support me, to talk to me, to counsel me. Because of the support I got from friends and other people around me I feel secure, I feel free” (P3). In terms of counseling, multiple individuals discussed how their family worked to teach them “about how to live in society and how to cope with certain situations”. Frequently, family members would provide “guidance” as well as support on how to “overcome certain circumstances in life”. Some respondents discussed material supports their family was able to provide. These supports included being “sent to school”, “given money for school fees”, being provided with “food”, “having a place to stay”, and “helping with one’s children”.

For many, returning from the bush revealed a harsh reality of life in conflict-affected Uganda. While many families and communities were happy the returnees were safe, returnees often returned to homes entrenched in poverty, and, at times, coping with the loss of multiple family members. A male participant who was abducted for 8 months and the only participant to attend some university stated:

The support given to me it has been very useful because I look at my life as I have nobody and the people who came to give me support, I felt like I wasn’t alone. I had no hope. When I see home I don’t have anyone there. I only have one brother and one sister. They’re very poor and can’t give me support. So I was having a big challenge. I see what I want but I can’t get what I need. The struggle I put in, the support they gave me, some dreams have been accomplished, like my studies. (P15)

This experience mirrors the experiences of so many. Given the harsh contextual factors common to so many conflict areas, many of the formerly abducted youth returned to

families directly affected, albeit in a different way, by the on-going war. Even with his siblings accepting him home and providing for his school fees, this participant still communicates feelings of hopelessness.

Theme 4: Social network. A social network refers to the intertwining of relationships and actions that constitute one's social life (Scott, 2013). The former child soldiers described distinct facets of their social networks that provided welcome social support: belonging to social groups, having someone in their life they can relate to, the importance of "knowing someone" (similar to the common phrase, "it's not what you know, but who you know"), and finally, finding support within one's church community.

Nineteen participants were members of various social groups. These groups included savings and loans groups, groups for learning skills, agricultural groups, groups surrounding one's employment, and support groups. In describing the activities of the groups, participants used phrases like "we meet together and share our ideas and our experiences", "we decided to come up with a group to help us save money", "we keep animals, mostly goats", "we train our members in sugar cane growing", "you can get a loan from the group", and finally, "the group provides support for each other in terms of getting work". A big feature of the groups was to teach important life skills like saving and borrowing money:

It helped me to learn how to save and taught me how to use a loan, how to receive a loan from the group, to know that it is to be used for a business and that some should make a profit and some is repaid. (P20)

While financial literacy was a primary feature of many groups, they also served other purposes. One woman, in discussing the savings group she was in, remarked:

I've learned how to be strong at heart. We have a combined effort where if someone dies in the community or a member loses a relative we will see if we can raise some money and then contribute our condolences. (P18)

While some respondents joined already established groups, some formed groups simply to support other returnees with the group as a whole deciding the function of the group over time. A formerly abducted male participant shared that, "as a group (of returnees) we noticed that we don't have any way of supporting ourselves besides joining together and supporting each other. That's why we came up with the group".

Not all, but many of the groups individuals joined were comprised of other returnees. Interacting with other returnees was an important part of processing and socialization for many of the formerly abducted youth. In describing their interactions with other returnees, participants noted they "share problems", "counsel each other", "share our ordeals", "give emotional support", "talk about past experiences", and, "guide each other". Several participants discussed the importance of having someone who can directly relate to their past experiences in the bush. One female underscored the importance of having someone who can relate when she remarked, "the person will understand me more than the one who was not in captivity. They will feel the problem and understand it so fast than those who did not experience the bush" (P3).

Being able to interact with other returnees provides more than just support and counseling. Another participant discussed the impact her connections with other returnees has had on her life and her journey towards healing:

My fellow returnees have really helped me by giving me emotional support. Like, if I am so stressed out, I can share ideas with them. At times

I feel like I am now useless, but through them they have really made me to be somebody. It makes me feel like a human being again, like someone who has value in their life. (P6)

In addition to having someone in your life who can relate, having a social network that can link one to services was also an important feature of the returnees experiences of social support.

There are five primary ways that respondents were linked to services: by relatives, from other returnees, from organizations they were initially brought to when transitioning out of the armed conflict, from community members, and by Local Counselors. Participants described the process of “sharing information”, “receiving information through conversations with others”, “communicating with local organizations” about one’s needs, seeking out the “Local Counselors for help”, and opening up oneself to being helped by neighbors. One individual, who was able to access a vocational training, still had trouble obtaining important information about available services in his community:

One of the challenges or barriers that I have is limited information on how to access the support. In Northern Uganda the war took a lot of time and then it shifted to Congo so by the time I returned, the war on this side was done and most of the organizations that had organized to give support to war victims had vanished so the support was limited. (P2)

Sadly, many organizations answer the initial call to provide humanitarian relief, but leave once communities approach the phase of reconstruction. Despite a dearth of long-term

support services in place, interviews with participants revealed another important aspect of their social network that provides support: their church community.

While faith in god proved to be an important way many returnees coped post-conflict, being a part of a church community also provided access to instrumental support. Participants noted how church members “help with emotional support and how to live”, allow returnees to “rent (housing)”, “provide productive work to do in the church”, and have provided “plots of land to cultivate so (one) can grow some food to sell and eat”. One participant was especially grateful to her pastor and the help she has provided, stating “the pastor takes me like a daughter, not like a friend. If there is any problem or if I feel I can’t offer anything to my kids, I have that right to take us to her home and she provides for us” (P11).

Theme 5: Access to counseling and psychosocial support. Perhaps one of the most reoccurring themes in the participant’s experiences of social support was having access to counseling and psychosocial support. These two components were accessed in both formal and informal settings.

Eighteen out of 20 participants discussed having access to formal counseling as they recover from past traumas. In discussing what this access has done to their lives as members of a larger community, participants stated “I can live a normal life and fit into society”, I now “know my social responsibilities among the people in our society”, and the teachings “helped me to know what types of friends I should make and how to relate with people”. The counseling also provided strategies for coping with problems. Participants recalled that they taught us “how to live and cope with problems”, “to look for what will help (me) continue living”, “I can now think straight and make an informed

decision”, “we were trained on how to handle our anger in the community”, and “it has helped me to calm down the emotions I have”. Going deeper, one participant discussed what he learned from accessing counseling at a local youth center: “I also learned forgiveness. We should be able to forgive those who wronged us, especially those who have hurt us” (P14).

Participants also discussed the ways they are able to access counseling through more informal means. These informal means included one’s family or immediate community, colleagues at work, and pastors or vicars at church. Community elders played an important counseling role for one male participant who stated, “I usually don’t need to go to them (the elders), they get in touch with me and I will talk with them and they will tell me not to worry about the past but to just think about the future.” Another participant who left the bush with a serious injury relied on her co-worker for informal counseling and support, noting that “she always helps me and gives me advice”. Pastors also played an important role in providing psychosocial support for the returnees. Several returnees, in describing the help received from their pastor, detailed that their pastors “provide emotional support and information on how to live right”, “give guidance”, and “provide counseling and pray for you”.

Theme 6: Access to material supports. Seventeen out of the 20 participants detailed the various material supports they received when they returned from the bush. For most participants, the material supports began as soon as they were received at a reception center. The three primary reception centers the returnees accessed were World Vision, GUSCO and Rakelli. At the centers the formerly abducted youth received “mattresses”, “medical help”, “food and accommodations”, “money”, “clothing”,

“household utensils”, “counseling and psychosocial support”, and “amnesty cards”.

Youth stayed at the reception centers from anywhere from 1 week to a year depending on their needs and the resources of the center.

Many respondents recalled that upon their release from the center they were given options for additional support, often being offered access to formal education or a life skills or vocational program. Participant testimonies included being “trained to make dolls”, having their “school fees paid”, being “enrolled in carpentry”, “learning saloon, catering and tailoring”, learning how to “make cards”, and having access to “computer studies and business studies”. Not all participants received such comprehensive material supports. As one formerly abducted male respondent noted:

When I stayed in World Vision for 2.5 months we were suppose to be given mattresses and some resettlement things, but they did not give us those things. A part from one bar of soap for washing, that’s the only thing they gave us. We could not explain why we did not get those other things.

(P15)

Another participant was able to recall numerous forms of support he had received.

However, not having access to material support had negatively impacted many aspects of his life:

With all the lack of those supports it has negatively impacted me. If I had all those supports I would not be separated from my family. My wife would not have left me and I would be with my kids. I would be a different person. I would not be toiling day and night like I am now. I feel like I am between a hard place and a hard rock. (P16)

Unfortunately, even with the material supports, many of the returnees were not currently employed in what they were trained on, causing many to feel hopeless.

The essence of the experience

The essence of the experience relies on a combination of the textural and structural description of the experience in question. The textural description refers to what the former child soldiers experienced in terms of social support, while the structural description refers to how the support was experienced. As previously discussed, the following 6 themes appropriately capture experiences of social support for the former child soldiers in this sample: barriers to support; spirituality and faith; family and community acceptance; having a social network; access to counseling and psychosocial support; and, access to material supports⁷. While these themes are presented as distinct, they are actually quite connected, revealing the way initial support can create a conduit for access to increased support.

Textural description. Ninety percent of participants in this sample cited access to formal counseling and psychosocial support as a cornerstone of the support they received. Outside of a formal setting with a trained counselor, participants discussed informal ways they were able to receive counseling whether it was from family members, their pastor, or other returnees they socialized with. For many, it was about having someone to talk to and receive guidance from. Discussing the various ways the returnees accessed emotional support revealed deep insight into the way each individual's social network functioned as a supportive system. Not surprising, individuals with larger support networks experienced

⁷ A thorough discussion of the themes, including verbatim statements, will not occur here as this information has already been provided in detail above.

increased access to social support. This support network relied, at least initially, on being accepted by one's family and community. While many of the returnees were unable to rely on their family members for financial assistance, being welcomed back with open arms proved to be a foundational support piece. Having a home to return to, as well as loved ones to lean on, provided the stability necessary for the returnees as they worked to heal and reintegrate into society. Faith was also an important aspect of support, functioning as a form of support in itself, but also as a distinct facet of one's social network. Eighty-five percent of participants credited their faith in god as helping them through their trauma. Whether one used prayer, sought out their pastor, or became actively involved in their church, spirituality and faith in a higher power provided many with emotional, informational, and even material support. Providing insight into the collectivist nature of Uganda, all of the returnees discussed the ways their social network influenced their lived experience regarding social support. Being a part of various groups was especially important. By joining a group, participants were then able to associate with others who could relate to their trials and tribulations, with many of these interpersonal connections creating linkages to pertinent instrumental and informational support. Access to life skills or vocational training had a strong impact on support as well. The mean age of abduction for this group was 11 years old with age at abduction ranging from 6 to 16 years old. Therefore, many of the formerly abducted missed out on formative years for growth and acquiring pertinent life skills. Despite 85% of interview participants accessing some sort of vocational skills program, only one respondent noted they were fully employed with all others either being semi-employed or relying on seasonal agricultural work.

While participants presented a plethora of examples of the support they have received since returning from the bush, there were some notable barriers to support as well. Experiencing stigma from one's family as well as the larger community was emotionally detrimental. Due to this stigma, joining a group and interacting with other returnees provided some much needed solace. Unfortunately, this exposed many to corruption and victimization. While being taken advantage of was traumatizing in itself, many viewed this as part of a larger issue of corruption commonplace in Uganda. It took a toll, but did not have the same emotional impact as experiencing stigma. Sixty percent of participants discussed their experiences with dehumanization and hopelessness since returning from the bush. Sometimes these feelings were connected to experiencing interpersonal stigma, but more often they were connected to having skills but lacking employment prospects. While stigma, victimization and dehumanization acted as barriers to support, they did not completely impede one's ability to access social support. In understanding what the participants experienced in terms of support, including barriers, it is important to also understand the setting in which the returnees experienced support.

Structural description. The context in which participants experienced social support can broadly be described as a community-based context. While many participants who went to a reception center stayed at the center during the length of their stay, these centers tended to be located within (or at least close to) the community in which these youth lived. The support received from the reception centers, specifically the emotional support and psychosocial counseling, were administered in more formal settings with trained staff. Once their time at the center was complete, many youth were provided access to life skills or vocational training programs. These programs were also delivered

in a formal setting, but given their location within the community, youth were able to stay at their home and commute each day. These support services mirror a manualized treatment plan with each step from being received to attending a skills related program encompassing a distinct feature of larger-scale reintegration programs. Therefore, outside of these formal supports, many youth found themselves experiencing support in more interpersonal and informal contexts. Family-based support typically occurred in the home and extended to receiving support and guidance from neighbors and other close community members. While this support primarily centered emotional support and guidance, participants also discussed being connected to skills training and other services from those individuals in their immediate sphere. Therefore, while the informal and formal contexts were distinct, they weren't necessarily separate or disconnected from each other. Being a part of a group and interacting with group members represented another informal setting in which individuals accessed support. All of the learning and skills acquired from these interactions were the direct result of teamwork and group sharing. Often times, the knowledge that guided the group was initially acquired in formal contexts, showing the linkage between the formal and informal. Faith in god and being a part of a church community oscillated in its formal and informal nature. Many credited their faith in god with helping them cope with their trauma and come to terms with their past. Going to church, being involved in the church community, and even seeking out counseling from one's pastor provided a more formal setting in which the returnees could better connect with their faith and access vital emotional and instrumental support.

Outside of the community-based context in which all of the formerly abducted youth were situated, the returnees also found themselves navigating Uganda's unique sociocultural context. According to the United Nations Development Programme (2015), approximately 38% of Uganda's population lives below the income poverty line with a 4.2% unemployment rate. Agriculture represents the largest economic sector employing 66% of the labor force. However, many in this sector engage in subsistence farming, meaning most of the agricultural labor is carried out to feed individual families with little left over for market (Moyer, Bohl, Johnson, Moyer, & Porter, 2015). Due to the realities of the Ugandan labor market, a majority of the returnees found themselves with a surplus of skills and little to no employment prospects in which to exercise their newly acquired skills. In regards to this sample, those who are able work were either underemployed or engaging in some form of subsistence farming, - despite their traumatic experiences, they remain economically situated alongside a majority of the Ugandan population. Another facet of the context that has framed how returnees experience social support refers to the intense religiosity of Uganda. With 85% of the population identifying as Christian, it is not surprising that all of the formerly abducted youth in this sample attend church and consider themselves to either be Christian or saved. Moreover, 85% of the returnees interviewed explicitly pointed to their faith in god as a central coping mechanism and source of support.

Summary

Findings from both the quantitative and qualitative data analysis revealed some important aspects of social support. Notably, quantitative data revealed that being female, working and educational attainment were all significantly related to increased social

support. Receiving services, returning to one's family, attending church, and being a part of social groups, however, were not significant correlates of social support. Qualitative data, in relation to the quantitative findings, were confirming and disconfirming on these correlates. For example, access to education and being employed were part of the web of support where initial access to support services tended to translate into access to education or vocational training. Interestingly, receiving informal and formal services, attending church and being a part of groups were central features of experiences of support within the qualitative sample. These findings will be considered together in the final chapter.

Chapter 5: Discussion and Recommendations

The Lord's Resistance Army has actively engaged in armed conflict throughout Northern Uganda, southern Sudan and eastern Congo since 1986, making it one of the most protracted armed conflicts on the planet (Eichstaedt, 2009). Using population based surveys, reports estimate that in Northern Uganda alone 26% of girls and 47% of boys were abducted by the LRA (Annan et al., 2011; Annan, Blattman, & Horton, 2006; Shanahan & Veale, 2015). For those in the North, who were not abducted or killed, they joined the over 1.5 million Ugandans forced into displacement camps (Eichstaedt, 2009). While the LRA is (perhaps) most notable for being comprised almost entirely of child soldiers, its impact in Northern Uganda reverberated throughout entire communities. While child soldiers have been the primary targets for interventions and academic inquiry, newer veins of research are calling for an examination of how conflict-affected communities as a whole support the recovery and reintegration of formerly abducted youth.

Intervention research has documented the use of Interpersonal Psychotherapy and Trauma Focused Cognitive Behavioral Therapy as effective in addressing trauma related symptoms in this group (Betancourt et al., 2012; O'Callaghan et al., 2013). For war-affected youth, however, the most commonly cited stressor in the post-conflict environment is stigma. On the other hand, protective factors like family acceptance,

access to community-based services, having a supportive peer network, and spirituality have been linked to positive psychosocial outcomes among this group (Amone P'Olak, Jones, et al., 2014; Betancourt et al., 2015; Ertl et al., 2014; Morley & Kohrt, 2013). Together, these protective factors function under a broad umbrella of social support. Despite these findings, investigations centering social support among child soldiers are sparse. Even more troubling is the availability of evidence that supports the positive influence of social support for war-affected youth across cultural contexts. As such, this sequential exploratory study used mixed-methods to explore the following three primary research questions:

Phase 1: Quantitative

1. What are the most salient correlates of social support for former child soldiers living in Northern Uganda?

Hypothesis 1: One's experience of social support is affected by at least one of the following 15 independent variables: attends church, no education, passing through a reception center, number of groups to which a youth belongs, received services, returned to family, sum of 5 violent acts inflicted on family members, forced to harm family or friend, abducted for more than 2 weeks, age, received amnesty, forced to kill, gender, worked in last 4 weeks, and years of education attained.

Phase 2: Qualitative

2. Can you describe your experience of social support in your community since you returned from the bush?
3. What effect has this experience had on your life?

In Phase 1, using theoretically informed independent variables, a multiple regression was calculated to examine the most significant correlates of social support amongst a sample of formerly abducted youth living in Northern Uganda. With these data as a guide, qualitative data were collected through semi-structured face-to-face interviews to phenomenologically explore how former child soldiers living in Northern Uganda experience social support in their communities post-conflict. The qualitative data served to enhance and contextualize the quantitative findings.

Given the contextual insight provided by the qualitative data, these outcomes were given priority in this particular research agenda. Of course, both data streams served vital roles in understanding what social support looks like for this group. The quantitative data provided insight into the relationship between social support and various war experiences, resources, and demographic variables related to a sample of formerly abducted youth. The qualitative data further parsed out these variables to elucidate contextual insights not easily captured by quantitative measures. In the following section, the quantitative and qualitative data streams are merged in a process known as triangulation. Trustworthiness and limitations related to this study and the results is included as well. This chapter concludes with recommendations for research, service providers, policymakers, and social work.

Triangulation of Quantitative and Qualitative Data

Triangulation refers to the process whereby researchers utilize multiple approaches to address a research question with the intention of achieving an in-depth, detailed understanding of the issue under question (Campbell & Fiske, 1959). By using multiple methods with different strengths and weaknesses, it is possible to enhance any

findings or conclusions made (Singleton & Straits, 2010). In regards to this research, the use of triangulation and multiple methods, more generally, is especially critical. With the tendency for dominant cultures to export its own conceptualizations of inquiry and knowledge production, a combination of multiple methods can provide more accountability. Furthermore, by combining several modes of inquiry, researchers can work to ensure their methods are culturally grounded, capturing those vital contextual pieces that often elude singular approaches.

Integration of Quantitative and Qualitative Findings

Results from the multiple regression analysis revealed the following variables to be statistically significant correlates of social support: being female, having worked in the last 4 weeks, educational attainment, being abducted for more than 2 weeks, being forced to harm family members or friends, sum of 5 violent acts inflicted, and receiving amnesty. Non-significant correlates of social support included: age, not having any education, being forced to kill, passing through a reception center, receiving services, returning to one's family post-conflict, attending church, and being a member of a group. Themes from the qualitative inquiry provide insight into the quantitative findings. The qualitative themes include: barriers to support, spirituality and faith, family and community acceptance, social network, access to counseling and psychosocial support, and access to material supports. A joint display of the merged findings are presented in the table below.

Table 4. Joint display of merged findings by theme

<i>Barriers to Support</i>	<i>Spirituality and Faith</i>
Quant <ul style="list-style-type: none"> No variables included in the quantitative analysis were related to barriers nor did any variable relate to negative support 	Quant <ul style="list-style-type: none"> Attending church was not a statistically significant correlate of social support ($\beta = .063$, $p > .05$).
Qual <ul style="list-style-type: none"> 55% of formerly abducted youth discussed the negative impact stigma has had on their life post-conflict <ul style="list-style-type: none"> For many, stigma tended to be verbal in nature and made many feel disconnected from their community 25% discussed experiencing stigma directly from their family members <ul style="list-style-type: none"> Family-based stigma caused many to leave home and live in fear 45% discussed the way corruption and victimization has impeded their ability to access vital supports <ul style="list-style-type: none"> Corruption and victimization were connected to larger issues regarding the sociocultural context of Uganda 	Qual <ul style="list-style-type: none"> All 20 returnees attended church on a regular basis and stated that their faith was important to them 85% shared the ways their faith in god provides them with support <ul style="list-style-type: none"> Faith and spirituality acted as the first form of support many of the returnees would access
<i>Family and Community Acceptance</i>	<i>Having a Social Network</i>
Quant <ul style="list-style-type: none"> Returning to one's family was not a statistically significant correlate of social support ($\beta = .012$, $p > .05$). Being forced to harm one's family or friend was a statistically significant correlate of social support ($\beta = .128$, $p < .01$). Sum of 5 acts inflicted on family members was a statistically significant correlate of social support ($\beta = .127$, $p < .001$). 	Quant <ul style="list-style-type: none"> Belonging to a group was not a statistically significant correlate of social support ($\beta = -.050$, $p > .05$). Attending church was not a statistically significant correlate of social support ($\beta = .063$, $p > .05$).
Qual <ul style="list-style-type: none"> 95% of participants discussed the important role being accepted by their family and community played in their support and recovery <ul style="list-style-type: none"> The support provided by one's family included emotional support and guidance, food and housing, and for some, financial assistance to return 	Qual <ul style="list-style-type: none"> 95% of the returnees belonged to at least one group <ul style="list-style-type: none"> Group activities included savings and loans, learning skills, emotional support and guidance, and employment support While some groups were integrated, many were solely comprised of former

to school	<p>child soldiers</p> <ul style="list-style-type: none"> ○ Having someone who could relate because of a shared experience was especially meaningful for the returnees as they worked towards healing • Having a social network increased one's ability to be linked to important services in the community • For many, the church as a community functioned as an integral component of one's social network <ul style="list-style-type: none"> ○ Church members provided emotional support and guidance, access to material supports like housing and skills development, and an outlet in which to interact with others of a shared faith
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<i>Access to Counseling and Psychosocial Support</i>	<i>Access to Material Supports</i>
<p>Quant</p> <ul style="list-style-type: none"> • Passing through a reception center was not a statistically significant correlate of social support ($\beta = -.051$, $p > .05$). • Receiving services was not a statistically significant correlate of social support ($\beta = .020$, $p > .05$). 	<p>Quant</p> <ul style="list-style-type: none"> • Having worked in the last 4 weeks was a statistically significant correlate of social support ($\beta = .345$, $p < .000$). • Educational attainment was a statistically significant correlate of social support ($\beta = .271$, $p < .000$). • Receiving amnesty was a statistically significant correlate of social support ($\beta = .131$, $p < .01$). • Being abducted for more than 2 weeks was a statistically significant correlate of social support ($\beta = .192$, $p < .000$). • Being a female was a statistically significant correlate of social support ($\beta = .350$, $p < .000$).
<p>Qual</p> <ul style="list-style-type: none"> • 90% of the returnees discussed how counseling and psychosocial support has positively impacted their lives <ul style="list-style-type: none"> ○ This support taught participants how to live in society, how to cope with problems, and how to work through past traumas • 90% of returnees cited emotional support and counseling as the most important service they received from the reception centers 	<p>Qual</p> <ul style="list-style-type: none"> • 85% of participants discussed the various material supports they received when they returned from the bush and went to a reception center <ul style="list-style-type: none"> ○ These supports included counseling, home kits, food and accommodations, clothing, and amnesty cards • 70% received either access to formal education or access to a vocational or life skills program once discharged from the reception center

<ul style="list-style-type: none"> • Participants also sought out informal counseling and support from their family members, community members, friends and pastor 	<ul style="list-style-type: none"> ○ Of the remaining 30%: 10% received employment and housing from their church, 10% had their education paid for by their family, and 10% did not receive any access to education or training programs • 55% received amnesty
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With more disconfirming evidence than confirming, these two data streams reveal the importance of using multiple methods when investigating social support among formerly abducted youth. Access to material supports had the most significant impact on social support within the quantitative data. Research by Betancourt et al. (2011) has demonstrated that access to education was positively related to higher confidence levels and prosocial attitudes. Similarly, access to employment, frequently cited as a pressing need among this group, has been linked to improvements in status and social integration, stronger relationships, increased self-esteem, and, for women and girls specifically, a decrease in sex work (Jordans et al., 2012; Kostelny, 2004; McKay et al., 2010). Despite the positive impact of education and employment, many of the formerly abducted youth in the qualitative sample were unable to translate access to these opportunities into a sustainable livelihood. While many of the youth were able to engage in income generating activities, albeit inconsistently, being unable to properly provide for one's family remained a constant issue that occupied each individual's mental capacity on a daily basis.

Perhaps one of the most interesting findings from the quantitative data was that being a female resulted in increased social support. Past reintegration trends have demonstrated that girls are often overlooked when providing services and relegated to the

margins of society for violating social norms. Even more concerning is the presence of research documenting the use of rape and other forms of sexual victimization against female combatants (Annan et al., 2011; McKay, 2006; Singer, 2005). The LRA, who abducted all youth in this current study, specifically targeted women and girls deemed “attractive” as they were frequently given to commanders as wives (Singer, 2005). Participatory Action Research (PAR) from Liberia, Sierra Leone, and Uganda involving child mothers demonstrated that many of these women were rejected from their communities, had little to no employment opportunities, and were devoid of critical life skills to care for themselves and their children (McKay et al., 2010; Onyango et al., 2005). For females in Northern Uganda, having access to increased social support provides valuable insight into the ways services in Uganda have worked to keep this contingent from slipping through the cracks. The qualitative data does not necessarily support that women and girls received increased access to support compared to their male counterparts. When looking at experiences of stigma, however, five females compared to six males discussed specific instances of experiencing stigma. This coupled with 95% of participants experiencing family and community acceptance upon their return demonstrates the effectiveness of community-based sensitization campaigns for understanding the needs and realities of the formerly abducted youth regardless of gender. According to Borzello (2007), these sensitization campaigns are a newer phenomenon as the Acholi community centers forgiveness as a cornerstone of their culture⁸. Inquiry into the Acholi culture may provide more insight into these increased acceptance rates across gender lines,- something that future research should consider.

⁸ As referenced in Chapter 1, the Acholi community is the primary ethnic group in

Being accepted by one's family and community was an important source of support and pathway into social integration for the returnees in the qualitative sample. The support offered by this acceptance included emotional support in the form of guidance and having someone to talk to, material support as families worked to provide food, housing and, if possible, school fees, and informational support by linking the returnees to vital services. Surprisingly, the quantitative data showed that returning to one's family was not a significant correlate of social support, something that 41% of the quantitative sample did. With the Index of Social Support inquiring about support received in the past month it could be that youth from Phase 1 were no longer impacted by returning to their family.

As evidenced by participant interviews, many youth were emotionally transformed by the warm welcome they received, yet quickly realized that due to the armed conflict and current sociopolitical landscape of Uganda their family would be unable to fully support them. Here we see the importance of parsing out the relationship between initial support and support over time. There is a plethora of literature providing evidence that family acceptance has resulted in decreased hostility (Betancourt, Agnew-Blais, et al., 2010; Betancourt, Brennan, et al., 2010), a decrease in symptoms of depression (Betancourt, Agnew-Blais, et al., 2010), and a decrease in internalizing symptoms over time for former youth combatants (Betancourt et al., 2015). On the other hand, research has also demonstrated that low socioeconomic status is a risk factor for both PTSD and Major Depressive Disorder (MDD) among this group (Klasen et al.,

Northern Uganda and Southern Sudan, as well as the primary target of LRA attacks and abductions.

2015). With armed conflict concentrated in the North, it is not surprising that this area continues to lag behind the rest of the country in terms of development. For example, while the proportion of Ugandans living below the poverty line decreased from 31% in 2006 to 19.7% in 2013, during this same time period in Northern and Eastern Uganda poverty rates increased from 68% to 84% (The World Bank, 2016). As reported by one reception center manager:

Life in Northern Uganda is a dilemma. We should reunite children with their families so their families can help them. But this same community is again itself undergoing stress and trauma. There is no normal life. Life has broken down. (Borzello, 2007, pp. 401)

Here we see the issue facing many working to reintegrate formerly abducted youth where cultural norms and practices intersect with the realities of the conflict-affected environment.

Spirituality and being a part of a church community also led to disconfirming findings between both data streams. Quantitative data found that attending church was not a significant correlate of social support, yet interviews revealed this to be one of the more important ways returnees accessed support. All 20 participants attended church on a regular basis and 85% discussed concrete ways their faith in god provides them with emotional support and guidance. In terms of integration, the church community functioned as an important aspect of one's larger social network. A majority of the returnees discussed the emotional support and guidance offered by other church members, informal counseling they received from their pastor, and for several participants, material supports like housing and employment. Research has demonstrated that religion and perceived spiritual support are linked to a decrease in depression and

post-traumatic stress disorder among war-affected youth (Ertl, et al., 2014; Klasen, Oettingen, Daniels, Post, et al., 2010). Insight from the face-to-face interviews supports these findings, at least anecdotally. In understanding the incongruence among the data streams, one can see that the quantitative data specifically asks about attending church while the qualitative data teases out church attendance to account for faith and being a part of a faith community. Given the high rates of religiosity among the general Ugandan population, it is imperative that researchers understand and utilize a broader conceptualization of “church” and “religion”, especially when investigating social support.

In addition to the church community, phase 2 participants noted belonging to groups as being a key piece of their social network and overall experience with social support. For some, the groups provided space for learning skills like goat rearing or digging gardens, learning financial literacy such as how to acquire and use a loan, and emotional support or guidance. While belonging to groups was not a significant correlate of social support within the quantitative data, it is important to consider the timeframe in which the quantitative data were collected. Data collection for phase 1 concluded in August 2007. Two failed military operations in 2002 and 2004 led to increased violence in Northern Uganda resulting in the abduction of over 10,000 people (Borzello, 2007). During this time international NGOs began arriving in the North to provide assistance⁹. From 2005 to 2008 the Government of Uganda and the LRA engaged in a series of failed

⁹ Informal DDR processes initially began in 1994 with the establishment of two agencies: World Vision and GUSCO (Borzello, 2007). These reception centers primarily focused on youth combatants and operated in an informal capacity until a larger NGO presence emerged in 2002.

peace talks with a ceasefire agreement reached in February 2008 (Security Council Report, 2015). Because of ongoing hostilities most Ugandans in the North were living in displacement camps in constant fear of LRA attacks. Considering the climate of Uganda at this time one can surmise there was a complete breakdown in services. Due to these contextual factors, the nature of groups for formerly abducted youth in 2007 would vary greatly from those in 2016. With returnee interviews elucidating the stigma attached to groups comprised of former combatants, in the face of continued fighting and abductions occurring in Uganda in the mid to late 2000s, the stigma and fear of these groups could have been compounded, creating an actual barrier to support.

The quantitative data also revealed passing through a reception center and receiving services to not be significant correlates of social support. Evidence comparing abducted youth who passed through a formal reception center and those who self-reintegrated found no significant differences in mental health outcomes (Amone-P'Olak, Jones, et al., 2014; Muldoon et al., 2014). While mental health and social support are two very distinct constructs, research has consistently documented the inverse relationship between social support and depression (Henderson, 1992). Again, remembering the timeline above, coupled with the informal nature of services from 1994 until 2002/03, the availability and comprehensive nature of services for both data streams would be very different. Additionally, with the Support Index inquiring about support received in the past month, and many of these services occurring shortly after one has returned from the bush, their impact on one's overall social support could have diminished over time. Qualitative data, on the other hand, reveal passing through a reception center to be an integral component of participant experiences with social support. In regards to when

respondents from the qualitative sample returned from the bush, years range from 2001 to 2015, with an average year of 2007. Ninety percent of the returnees, in discussing their time at the reception center, cited the provision of counseling and psychosocial support as the most important service they were provided. Through counseling, returnees were better equipped to work through their trauma and were able to implement learned coping strategies. These centers were also responsible for connecting participants to vital material supports like access to education or a vocational training program, something that 70% of respondents took advantage of.

While barriers to support only emerged in the qualitative interviews its importance in the overall experience of social support warrants discussion. Barriers to support included experiencing stigma and being victims of corruption. Fifty-five percent of the returnees in the qualitative sample discussed the negative impact of stigma on their life post-conflict with 25% experiencing stigma directly from their family. Longitudinal data provides evidence that stigma can result in increases in depression, anxiety and hostility (Betancourt et al., 2010; Betancourt, Brennan, et al., 2010). Community-based stigma has also been linked to creating an atmosphere of distrust among returnees, causing many to self-isolate (Song & de Jong, 2014). For child mothers from Liberia, Sierra Leone and Uganda, stigma resulted in outright societal rejection (McKay et al., 2010). These child mothers, as well as former child soldiers with children living in Burundi, have also highlighted how stigma has been directed at their children, providing insight into the intergenerational impact of child soldiering (McKay et al., 2010; Song et al., 2013). While stigma was a reality for over half of the participants in the qualitative sample, many were able to navigate local channels (e.g. going to the elders, seeking out a

Local Counselor, etc.) to address the stigma, and only one participant discussed the impact of stigma on her own children.

Forty-five percent of the returnees also discussed being direct targets of corruption. According to Transparency International (2016), a global civil society organization working to fight corruption, out of 174 countries, with a score of 100 meaning no corruption and scores ranging from 0-20 as highly corrupt, Uganda scores close to the bottom with a score of 25. In relation to post-conflict reconstruction and amnesty, for example, approximately \$16 million in recovery contributions were found in private bank accounts of aides to the Ugandan prime minister (Kane, 2013). Among the returnees, experiences with corruption were not framed as opportunism, but rather as connected to a larger issue of commonplace corruption in Uganda as a whole. Because of this, many had little faith in the ability of local government processes to improve their current situation. When one considers experiences of family and community-based stigma alongside corruption, it becomes even clearer how these two entities form a barrier to accessing support. Without community buy-in, both in terms of accepting those who return from the bush as well as in regards to service provision, war-affected individuals will find themselves lacking the initial acceptance necessary for a stable foundation from which to access other supports vital to healing and overall reintegration.

Together, both data streams provide immense insight into experiences of social support among formerly abducted youth living in Northern Uganda. The quantitative data revealed the importance of material supports like education and employment. With the contextual insight provided by the qualitative data it was revealed that a majority of the former child soldiers were able to access these two supports as part of larger reintegration

programming. However, while these two pieces translate into social support, the reality is that larger contextual factors common to post-conflict societies keep many from translating this access into sustainable livelihoods. Additionally, while a majority of the literature portrays this group as a monolith with formerly abducted individuals treated as pariahs, the qualitative data demonstrates increased acceptance and understanding directed towards this group. Insight into the cultural norms of Northern Uganda, which centers a collective identity bound by forgiveness, reveals how this community has been able to absorb this group back into society. If one relied on existing research or solely the quantitative data in this current study, that important cultural piece would be overlooked. Finally, these two data streams, when considered together, reveal how social support functions as an ecological web,- a disruption in one area can lead to disruptions in other key areas. For example, if one slips through the cracks initially, they may miss out on vital psychosocial support at a reception center or the potential for access to education or a vocational program. If one experiences stigma or rejection from their family or community, they may self-isolate and find themselves unable to reintegrate into their community. Isolating, as a form of self-preservation, could cause one to forego joining a social group, becoming a part of a faith community, and would undoubtedly cause one to miss out on those informational support pieces that rely on “knowing someone” in order to access. Conceptualizing social support as a web was a direct result of the qualitative data. When looking at the quantitative data it becomes harder to discern the connections between the significant and non-significant correlates included in the analysis. Moreover, it becomes almost impossible to truly explain what is going on in regards to social support. Recognizing this, recommendations will be made to guide future research

concerning formerly abducted youth in general, as well as those studies that center social support.

Trustworthiness of Findings

The utilization of two methodologies in this current research improved the validity and accuracy of our findings (Dick, 1979). By employing a mixed-methods design and the utilization of triangulation of the data, it was possible to center the strengths of each approach, while minimizing their weaknesses (Connelly, 2009). While the quantitative data in this study were not randomly selected, researchers worked to ensure that the data were generalizable to those abducted youth in the Northern Uganda region. The qualitative data, on the other hand, relied on “information-rich cases” in order to truly parse out the lived experience of social support and what it means to those formerly abducted youth living in Northern Uganda. When combined, the qualitative data provides culturally informed context to further explain the quantitative data (Creswell, & Plano Clark, 2007). Therefore, through triangulation of both data streams, it was possible to achieve a much deeper understanding of social support than if we had relied on only a singular approach (Patton, 2002).

Trustworthiness was also enhanced through the utilization of a phenomenological approach to the qualitative strand of research. One of the primary philosophical perspectives undergirding phenomenology is that it is a “philosophy without presuppositions” (Creswell, 2007, pg. 58). Therefore all phenomenologists are tasked with suspending all judgments and adapting a “natural attitude” towards the phenomenon of interest (Creswell, 2007, pg. 58). In order to execute this approach, a reflexive diary was used during the bracketing phase of study conceptualization and qualitative data

collection. The use of a reflexive diary allows the researcher to continuously examine any biases or previously held notions that might affect the research process (Wall, Glenn, Mitchinson, & Poole, 2004).

Finally, trustworthiness of findings was enhanced by the emerging participatory approach to research assumed in this research. Through an already established relationship with the Community Rural Empowerment Support Organization (CRESO) in Gulu, Uganda, it was possible to gain access to the Gulu community while acknowledging and respecting local cultural practices. The Executive Director of CRESO, Francis Arop, has been instrumental throughout the entire research process. Francis, who was born and raised in Gulu, has been working at the community level in Gulu since 2007. As a child Francis was abducted twice by the LRA. His direct experience as a former child soldier, coupled with his desire to support others who were abducted by the LRA, has allowed him to fully engage with the needs and realities of this population. Through conversations with Francis and other CRESO staff, I learned (well before it was present in the literature) about the unique needs of former child soldiers with children, the mixed feelings within the community regarding the prosecution of LRA commanders by the International Criminal Court, and the hesitations of community members when outsiders come to Gulu for research purposes. Over time these conversations focused on ways our research could lead to substantial changes in how services are provided to this group, hence the desire to better understand the role of social support in recovery and reintegration. Through these debriefing processes, which occurred prior to and during data collection, it was possible to explicate any assumptions

that were being made as well as to ensure that our inquiry was appropriately translated cross-culturally.

Community-based research approaches emphasize “community” as a setting, while community-based participatory research, going a step further, emphasizes direct participation from community members (Israel, Schulz, Parker, & Becker, 2001). The emerging nature of this research agenda recognizes that while key community members were instrumental in study conceptualization, data collection and eventual data dissemination, the researcher assumed a primary role in data analysis and initial interpretation. Going forward, with these data as a guide and CRESO as a continued partner, it is hoped that our findings will lead to the development and implementation of sustainable support services.

Limitations of the Study

The present study contains several limitations that warrant consideration. While secondary data analysis is the most popular method of social research, its presence in the current research agenda represents the first study limitation (Singleton & Straits, 2010). While using the publically available Survey of War Affected Youth (SWAY) bolstered findings in this mixed-methods research, not being involved in the collection of the quantitative data creates an issue when attending to “study-specific nuances” that emerge across methodologies (Cheng & Phillips, 2014). For example, while SWAY researchers spent several months in the field developing study instruments and adapting them to the local context, data regarding reliability of survey instruments is not available (Annan et al., 2008). When making inferences about relationships among variables this can be problematic. On the other hand, SWAY researchers have provided extensive background

information on the dataset including strengths and weaknesses, sampling strategies, data collection, assessment tools, and various measures for quality control (Cheng & Phillips, 2014). Recognizing the use of existing data as a limitation, this research prioritized the qualitative strand, where researcher proximity increased contextual awareness and insight.

Another limitation regards the timeframe in which these data were collected. While this would not be a limitation in a study relying on singular methods, integrating the two creates a challenge in terms of data interpretation. Data collection for Phase 1 occurred from July 2005 to August 2007 while qualitative interviews were conducted in January 2016. Due to the nature of the LRA conflict, the quantitative data were collected at a time of increased instability characterized by frequent abductions, in country fighting, forced displacement, and limited services. By January 2016 the fighting had transitioned into the Congo and the Central African Republic, community-based services had expanded, and abducted individuals were returning infrequently. As this research centers community-based social support as the phenomenon of interest, experiences with social support across these time frames would undoubtedly be affected. While this creates a limitation when combining both data streams, it also creates a unique opportunity regarding interpretation. By understanding the impact of time on social support, both in the immediate and temporal sense, one can understand the context-specific nature of social support,- an understanding where the benefits greatly outweigh the limitations.

A third limitation refers to the overall sample. Both strands of data relied on a sample of abducted youth in Northern Uganda, limiting generalizability to this specific

area. Results from a review of the literature demonstrate that child soldier research is concentrated in Africa, with Uganda, Sierra Leone and Liberia dominating as research sites. This presents a major limitation in the research as a whole. On the other hand, research has a tendency to follow trends. Current trends in the realm of child soldier research suggest that research will transition to newer conflicts and issues in Colombia, Syria and South Sudan, to name a few. Given the nature of armed conflict and the instability that follows conflict areas, this, of course, is short sighted. Furthermore, newer veins of research examining the intergenerational impact of child soldiering (e.g. Song & de Jong, 2014; Song et al., 2014) lend credence to the importance of longitudinal assessments in all areas working to reintegrate formerly abducted youth.

A final limitation refers to myself as a researcher and outsider within this particular research agenda. While this limitation can be extended to most research in the social sciences, given the history of research in global contexts it must be made explicit. Western notions of the world have greatly shaped my worldview, something I have had to confront as an international researcher. Through an analysis of my own positioning and positionality in Chapter 3, I demonstrated the importance of critical self-reflexivity in challenging my own biases and assumptions. By using a reflexive diary throughout the data conceptualization and explication process I was further challenged to acknowledge my own preconceived notions about this population. As a researcher power will always be concentrated in my hands. By engaging in community-engaged research, with an overall aim of employing participatory-based methods, however, I can work to decentralize power and disperse it in a more equitable manner. While I will always be an outsider when examining issues related to child soldiers and their communities, the steps

assumed in this research as well as those that will extend out from this research ensure that the research will always be culturally informed, ethically framed and grounded in the needs and realities of those implicated.

Implications and Recommendations

The present study relied on a mixed methods sequential explanatory design to consider how former child soldiers living in Northern Uganda experience social support within their community. This was an important area of inquiry as a major gap in the literature refers to the paucity of literature examining and centering social support for this group. Recognizing this, recommendations are made for researchers, service providers, policy makers, and the social work profession.

Recommendations for Research

Research in this field would be greatly enhanced by the presence of longitudinal research. A lack of rich longitudinal data severely diminishes the ability of large-scale reintegration programs to address the needs of these youth in ways that are long-term and meaningful. Currently there are two major on-going longitudinal studies assessing long-term trajectories of formerly abducted youth in Uganda and Sierra Leone (Amone-P'Olak et al., 2013; Betancourt, Agnew-Blais, et al., 2010). This research has been instrumental in informing what we know about this group from abduction experiences to long-term psychosocial outcomes. Longitudinal research also has the capacity to address the “brain drain” of many conflict-affected countries. Brain drain refers to the migration of skilled human resources, usually nurses, health professionals, and physicians, from “developing” to “developed” countries (Dodani & LaPorte, 2005). The research by Dr. Betancourt and Dr. Amone-P'Olak relies on locally trained research assistants; when the research

concludes, the ability to continue the work in-country will remain. Furthermore, Dr. Amone-P'Olak is an Associate Professor at Gulu University. As principal investigator of the current longitudinal research in Uganda, Dr. Amone-P'Olak is uniquely situated to not only enhance the knowledge base attending to the “child soldier issue”, but to also enhance the production of science and knowledge within Uganda as a whole.

Outside of longitudinal research, researchers should reconsider the tendency to focus on the individual and their trauma. Of course, given the egregious human rights abuse that is the abduction of children to fight in armed conflict, an examination of trauma is necessary. Initial research, however, was dominated by a trauma focus, failing to consider the resilience of this group and their community. Another issue with a focus on trauma is how it centers the individual. Culturally, many formerly abducted youth reside in collectivist societies. An examination that solely investigates the individual neglects the importance of the larger community in overall healing and reintegration. Newer veins of research have begun to document the role of the community in either exacerbating or mitigating negative outcomes (e.g. Betancourt et al., 2015; Browne, 2005; Denov, 2010; McKay et al., 2010). Given that this line of inquiry has been investigated with commonalities across cultural contexts (e.g. Colombia, Uganda, Sierra Leone, Nepal), it is imperative that researchers continue to assume a more ecological approach that considers the individual as well as the larger community when examining this issue.

Another important recommendation for researchers regards methodological considerations, namely incorporating mixed-methods and community-based research methods in any analysis involving child soldiers and their communities. Insight gained

from this research agenda revealed the importance of culture and context when examining how former child soldiers experience post-conflict social support. Contextual revelations are one of the defining strengths of qualitative inquiry (Creswell, 2007). Referencing work by Linda Thuwai Smith and other indigenous scholars, “quantitative research is an eminently political enterprise, saturated by unequal power relations, including those of contemporary colonialism” (Coburn, 2015, pg. 124). Quantitative data, and more specifically statistics, situate people as something to be categorized or made. Qualitative research, on the other hand, can be an empowering approach that relies on participant voices and direct experiences,- giving one ownership in making themselves. Methodological approaches that combine both quantitative and qualitative research can re-distribute some of the power while ensuring any analysis is truly grounded in the experiences of those implicated in the research itself.

Recognizing this, it becomes obvious that a next step would be to construct research in and around the community. As stated previously, community-based research approaches emphasize “community” as a setting, while community-based participatory research, going a step further, emphasizes direct participation from community members (Israel, Schulz, Parker, & Becker, 2001). Informal conversations in country with CRESO as well as the returnees revealed an overall distrust of researchers where researchers come into a community, collect data and leave. Rarely do participants receive any sort of final product disseminating study findings and rarely do participants see a connection between the research itself and an improvement in their community. A cycle of promises made and promises broken reinforces an unequal distribution of power while further confirming distrust towards outsiders. Research that truly engages the community and

respects local processes has the potential to create true cross-cultural partnerships. Moreover, research that involves the community in a participatory manner can assist in increasing the ability of service providers to carry out their own assessments. In the case of Uganda, specifically, considering the potential for post-conflict instability, the resulting brain drain and the short-term nature of humanitarian assistance, this is an especially critical by-product.

Recommendations for Service Providers

This research agenda has also resulted in recommendations for service providers. While this research is not necessarily generalizable outside of the Ugandan context, there are some general recommendations that service providers working with war-affected youth will find useful. The first recommendation regards involving the family and larger community in the creation and implementation of services. As Borzello (2007) noted, the community in Northern Uganda was not initially provided with sensitization campaigns, a stark contrast to the wide-scale campaigns implemented in Sierra Leone (Kostelny, 2004). In Uganda, high rates of acceptance were attributed to the Acholi culture of forgiveness. Even with the high acceptance rates, within the qualitative sample, 55% of participants experienced stigma and 25% experienced it directly from their family. Taking time to educate the larger community about the needs and realities of former child soldiers is essential to ensuring they are able to reintegrate once demobilized. Going a step further, many of the youth described how access to counseling equipped them with important coping skills that were necessary when responding to such stigma. Providing space for the community to access therapeutic services would provide greater insight and the skills necessary when receiving someone from war.

Another recommendation for service providers is the importance of including the children of former child soldiers when conceptualizing and delivering services. For example, one male participant, who was in the bush for 17 years, remarked:

A lot of my time has already been wasted so I wouldn't want to go back to school myself. It's better for my children to go and attain education. Even if I don't have any chance it's better for my children to go and study. (P2)

In speaking with this individual I learned that while he was grateful for the opportunity to obtain carpentry skills through a vocational program, his primary concern was his children. Similarly, research on child mothers has shown that while many have their own stresses and needs, their primary concern regards their children (McKay et al., 2010). Research investigating the intergenerational impact of child soldiering further supports the need to include offspring when delivering services.

A final recommendation regards child soldier participation in service delivery. One male participant in Phase 2 discussed how he was able to receive training from a reception center in order to provide informal counseling services. As a trained counselor he found himself informally counseling other returnees. Informal counseling among the returnees was prevalent, especially in the context of belonging to social groups. This peer-to-peer dissemination was not confined to counseling. Several participants discussed how community members sought them out to share valuable life skills like making pots or becoming a “boda boda driver”¹⁰. One can surmise that the tendency to share knowledge and skills is rooted in the high-context nature of life in Uganda. Therefore,

¹⁰ A boda boda is the term for a motorbike taxi, a popular form of transportation throughout Uganda and a popular source of income for male returnees.

providing services in a way that encourages a sharing of knowledge would build off the strengths of the community. An additional benefit may be an increase in participant buy-in,- something that emerged as an issue when speaking with service providers in Uganda.

Recommendations for policy makers

At its simplest, a policy is a plan for achieving an agreed upon goal. At its core, however, policy emanates from within a community where a collective intention works in favor of public interest (Stone, 2012). The primary national policy in place for war-abducted youth in Uganda is the Amnesty Act of 2000, which offers pardon to those Ugandans abducted to fight for the LRA (Hovil & Lomo, 2005). Globally, the Convention on the Rights of the Child (CRC) recognizes children as having distinct civil, political, economic, social, and cultural rights (United Nations, 1989). While the CRC established some protections for children, it failed to set a specific precedent for child soldiers, thereby allowing the use of children as young as fifteen in armed conflict to continue. A response to this came 11 years later with the passage of an addendum to the CRC. The 2000 Optional Protocol to the CRC set the minimum age for recruitment at eighteen (Office of the United Nations High Commissioner for Human Rights, 2007). While these policies represent a national and global condemnation regarding the presence of children on the battlefield, as well as an understanding of their lacking culpability, children continue to be abducted to fight in armed conflict and communities continue to shoulder the work of reintegrating these youth.

Policy makers need to ensure their policies are truly emanating from within the communities directly implicated in the issue of war-affected youth. One of the only confirming findings within this research was that receiving amnesty resulted in increased

access to social support. There are some LRA fighters, however, who are ineligible for amnesty. While I was in Uganda in January 2016, Dominic Ongwen, a top LRA commander, was transferred to the International Criminal Court (ICC) where he is charged with 70 counts of war crimes and crimes against humanity (Human Rights Watch, 2016). It was clear that many did not know how to feel about the trial. Ongwen was abducted by the LRA and currently represents the first child soldier to face charges before the ICC (Human Rights Watch, 2016). In charging Ongwen, the ICC was asked by the Ugandan government to open an investigation, resulting in the issuing of several arrest warrants, including the LRA leader, Joseph Kony. Information on whether the government consulted communities in the North as to who should be held accountable is not available. It is imperative that those policy makers working in conflict-affected communities are ensuring the community itself has a voice in the justice process. Inquiring about cultural processes, rights of victims, and the critical conversation surrounding the blurred lines between victim and perpetrator are necessary for communities to feel placated.

In addition to ensuring that communities directly impacted have the opportunity to be heard, it is imperative that there are open channels of communication between governments and those policy makers and community members at the local level. Currently the Government of Uganda is working to develop a National Transitional Justice Policy. This policy seeks to incorporate formal justice mechanisms, traditional justice mechanisms, truth seeking, and reparations for victims (Baba, 2013). This policy resulted out of extensive consultations with various stakeholders including those who have been affected by war in the North. If it can be implemented, this approach

represents a strong model that other governments can replicate as they work towards healing the wounds of war.

A final recommendation regards the need for global accountability. Globally, all countries and governments have a stake in ending armed conflict and protecting civilians. In the United States, for example, in 2008 the House and Senate unanimously passed the Child Soldier Prevention Act and in January 2009 it was signed into law. The aims of this act are to encourage governments to actively disarm, demobilize and rehabilitate child soldiers (World Vision, 2013). The primary reasons precipitating the passage of the act regarded the fact that U.S. military assistance should not be used to finance the exploitation of children, it represents an issue of national security, and finally, the effects of war on children are long term and devastating (World Vision, 2013). While the act garnered popular support, President Obama waived many of the sanctions placed on countries employing child soldiers. South Sudan, where the use of children in armed conflict is rampant, continues to receive military support from the United States. Policy coupled with actions that directly undermine the major tenets of the policy pays lip service to effectively addressing the use of child soldiers. The global community must work together and hold each other accountable when utilizing policy channels to address this issue. Lawmakers, acting as representatives of their constituents, need to use their platform in demanding that countries like the United States uphold their pledge to hold themselves and other countries accountable.

Recommendations for Social Work

The social work profession has a presence on every inhabitable continent in the world (Healy, 2011). Social work's global presence is undeniable. Cox and Pawar (2006) define international social work as:

...the promotion of social work education and practice globally and locally, with the purpose of building a truly integrated international profession that reflects social work's capacity to respond appropriately and effectively, in education and practice terms, to the various global challenges that are having a significant impact on the well-being of large sections of the world's population. (pp.20)

The social work profession is appropriately positioned to address the needs of war-affected populations around the globe. From a social justice standpoint, in keeping with the National Association of Social Workers (NASW) Code of Ethics and statement of principles outlined by the International Federation of Social Workers (IFSW), the core of social work rests on its human rights foundation committed to ethical awareness.

With its centering of the person-in-environment perspective, the first recommendation is that social work must assume a greater presence in globally focused research concerning children associated with armed conflict. Social work has been largely absent in discussions surrounding war and political violence (Denov, 2010). With research demonstrating how the family and community can mitigate the effects of armed conflict, social work is uniquely situated to positively inform community-based interventions for this group. Furthermore, each area affected by armed conflict presents unique socio-political and socio-cultural conditions. Social work's commitment to culturally responsive practice and its ability to recognize individual and communal strengths situates the profession as the preferred means for addressing this issue. As

discussed previously, research on child soldiers has centered trauma, pathologizing this population. Social work's commitment to self-determination and empowerment would enhance what we know about the resilience of war-affected youth, while pressuring researchers from other disciplines to reconsider their own approaches to understanding this group.

Recognizing this, a second recommendation regards the need for social work to confront its history as a colonial export from Europe to Africa (Mwansa, 2011).

Unsurprisingly, social work in Africa developed in a sociopolitical context characterized by colonialism. One of the biggest issues with social work in Africa today is in regards to its relevance and effectiveness. Its proliferation as a western export failed to incorporate local communal processes, creating disconnect between social work knowledge and effective practice. It is incumbent upon social work education to adopt an internationally focused curriculum that exposes this history. Opportunities should be available for social work students to complete at least some of their field placement outside of the United States. Schools of social work in the United States would also benefit from global partnerships with schools of social work abroad. By sharing knowledge, versus exporting ways of doing, it is possible for social work to become a leading profession in addressing issues facing the global society. Finally, as discussed by Mryiam Denov (2010), many war-affected youth may find themselves seeking asylum in western societies as refugees, similar to the "Lost Boys of Sudan" where approximately 3,600 were resettled throughout the United States (International Rescue Committee, 2014). Ensuring all social work students have the opportunity to learn about social work as a local and global

profession, with a history that spans borders, would foster a more critical and culturally aware profession.

Finally, social work must increase its presence as a macro-level profession. Schools of social work continue to center micro practice. The Council on Social Work Education (2012) estimates that 8.8% of social work students enroll in or assume a macro-oriented path. Research has documented that clinical practitioners only devote approximately 2% of their time each week to community organizing or policy development (Whitaker & Arrington, 2008). As an adjunct faculty member in social work it is clear that social work students fear the unknown and for many policy is the unknown. Schools of social work need to think critically about the type of social workers they want their students to be. Ideally, with policy being a true representation of the people, it seems unjust for social work to not have a presence in this arena. With social work's commitment to amplifying the voices of those who are marginalized, while adhering to a strict code of "do no harm", it is imperative that social work reorient itself as a true community-based profession. In doing so, social work can more effectively demonstrate the connection between research, practice *and* policy where effective change is able to emanate across all levels of life's systems.

Conclusion

The burgeoning knowledge base attending to children associated with armed fighting forces has documented the vital role of the post-conflict environment in effecting positive life outcomes. However, there is a paucity of research assessing protective factors like community-based social support. This research agenda has contributed to the field in the following ways: 1) employing the use of mixed methodology to expand what

we know about how former child soldiers experience social support, 2) demonstrating that much of what we can know about social support for this group requires an analysis that is highly contextual and culturally grounded, 3) that any analysis regarding war-affected youth must include the larger community in order to truly situate these youth while understanding their needs and realities, and 4) as the first study centering social support as the construct under investigation, creating an impetus among other researchers to dutifully consider post-conflict social support when investigating this population. Additionally, recommendations were made for research, service providers, policy makers, and social work in the hope that this research and lessons learned can further, and, at times, initiate an on-going dialogue about how best to understand and intervene when working with war-affected populations across the globe.

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Appendix A
IRB Approval Letter

DATE: January 25, 2016

TO: Jordan Farrar

FROM: University of Denver (DU) IRB

PROJECT TITLE: [728816-3] The Role of Gender in the Relationship Between War Experience and Psychosocial Outcomes for Former Child Soldiers in Northern Uganda: A Mixed Methods Study

SUBMISSION TYPE: Response Follow-Up

APPROVAL DATE: January 25, 2016

Initial Approval with Modifications Required: 11/03/2015

Approval of Revisions: 1/25/2016

EXPIRATION DATE: **November 2, 2016**

RISK LEVEL: Minimal Risk

CONTINUING REVIEW: Expedited Review

REVIEW TYPE: Full Committee Review

ACTION: **APPROVED**

Thank you for your submission of New Study materials for this project. The University of Denver IRB has granted **FULL APPROVAL** for your project. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission. The IRB determined that the criteria for IRB approval of research, per 45 CFR 46.111, has been met.

This submission has received a **Full Board Review** based on applicable federal regulations. Please note that the following documents were included in the review and approval of this study:

- IRB Response Letter, dated 1/14/2016
- Flyers, dated 1/14/2016
- International Research Form, dated 1/14/2016
- Research Narrative, dated 1/14/2016
- Consent Form for Former Child Soldiers, dated 1/14/2016
- Consent Form for Service Providers, dated 1/14/2016

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document. Forms used beyond the expiration date stamped on the document are not valid.

Please note that any revision to previously approved materials must be approved by the DU IRB prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a **Minimal Risk** project. Based on the risks, this

project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of **November 2, 2016**.

Please note that all research records must be retained in a secure location for a minimum of three years after the completion of the project.

If you have any questions, please contact the DU Office of Research Integrity and Education at irbadmin@du.edu. Please include your project title and reference number in all correspondence.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Denver (DU)'s records.

Appendix B

Study Flyer

Volunteers needed for participation in a research study regarding forms of support for former child soldiers



You may qualify if you are:

- A former child soldier
- At least 18 years old
- Able to speak and understand English
- Able to participate in a face to face interview

For participating, you will receive:

- Monetary compensation for participating in a face-to-face interview
- Snacks and beverages during the focus group
- Access to support services if needed



For more information contact Mrs. Jordan Farrar by email at Jordan.Farrar@du.edu or by phone at 000-1-202-834-9118.



UNIVERSITY of
DENVER

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Together For Positive Transformation

Appendix C

Oral Consent Form

Approval Date: [11/3/2015] **Valid for Use Through:** [11/2/2016]

Project Title: Social Support & Community Reintegration

Principal Investigator: Jordan Farrar, MSW

DU IRB Protocol #: 728816-1

You are being asked to participate in a research study. This form provides you with information about the study. Please listen to the information below and ask questions about anything you don't understand before deciding whether or not to take part.

Invitation to participate in a research study

(Researcher to verbally read the information below.)

As you know, I am a social work researcher from the University of Denver, in the United States. I am conducting a study on experiences of social support for former child soldiers, and I would like to ask you some questions about that. Specifically, I would like to understand how you have accessed support in your community, what has worked to support you and any issues you may have had as you tried to find support in your community.

I would like to digitally audio record our conversation, so that I can get your words accurately. I expect our interview to last anywhere from 60 to 90 minutes. If at any time during our conversation you feel uncomfortable answering a question please let me know, and you don't have to answer it. If at any time you want to withdraw from this study please tell me and I will erase the tape of our conversation. Additionally, a local research assistant from the Community Rural Empowerment Support Organization (C.R.E.S.O.) will assist me in providing relevant information about access to local services that can support you with any distress you may experience during this interview. As we discuss your experiences you may experience some emotional discomfort as you discuss any hardships you have faced. Some questions may elicit emotions that cause you to become sad or angry. Furthermore, some questions may cause you to remember past trauma from your time in captivity. We can connect you to local resources that may help you process these emotions. For example, CRESO can connect you with the local counselor in Gulu who frequently provides counseling to local returnees. Additionally, World Vision in Gulu has counseling and psychosocial services that can be accessed as well. There are also local groups that the returnees have created which provide a space to socialize and seek guidance as needed. We are more than happy to connect you with these services.

I would also like to share with you some of the benefits associated with this study. Information gathered in this study will help us understand what forms of support are helpful to you and what forms of support are still needed within your community. We hope that with this information we can better assist you and others who are in need of support. You will also be compensated for participating in this interview. I would like to offer you \$20 for your participation. I also have snacks and drinks in case you are hungry or thirsty during our interview today.

I will not reveal the content of our conversation beyond myself. However, if you tell me something that makes me believe that you or others have been or may be physically harmed, I may report that information to the appropriate agencies. Also, if you tell me something that makes me believe that you or others have been or may be physically harmed, I may report that information to the appropriate agencies. Some things I cannot keep private: If you tell me you are going to physically hurt yourself or someone else, I have to report that to the necessary reporting agency. As I stated previously, I am working with CRESO and together we can help you locate the appropriate services to address an issue you may be experiencing.

The results from the research may be in published articles. Your individual identity will be kept private when information is presented or published. Although we will do everything we can to keep your records a secret, confidentiality cannot be guaranteed. Therefore, all study participants will be identified using a number system instead of using one's name. This information will be stored on our university server via a Virtual Private Network as an encrypted file, and then deleted from the audiotape recorder. After 6 months, all the digitally recorded information will be destroyed.

Now I would like to ask you if you have any questions related to this study?

Agreement to be in this study

Now I would like to ask you if you agree to participate in this study, and to talk to me about your experience of social support in your community. Do you agree to participate in this interview and to allow me to audio record our conversation?

(Once participant has given oral consent the digital audio recorder may be turned on and the interview may begin.)

If you have questions later, you may call me (Mrs. Jordan Farrar) at 000-1-202-834-9118 or you can email her at Jordan.Farrar@du.edu.

If the researchers cannot be reached, or if you would like to talk to someone other than the researcher(s) about; (1) questions, concerns or complaints regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, you may contact the Chair of the Institutional Review Board for the Protection of Human Subjects, at 000-1-303-871-4015 or by emailing IRBChair@du.edu, or you may

contact the Office for Research Compliance by emailing IRBAdmin@du.edu, calling 000-1-303-871-4050 or in writing (University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121).

Appendix D

Interview Protocol

Interview Script:

Investigator will obtain and audio tape verbal consent.

Jordan Farrar: “Thank you for agreeing to speak with me today.”

Jordan Farrar: “The purpose of this interview is to get your feedback about systems of support for former child soldiers in Gulu. Specifically, we want to understand, from your perspective, what forms of support are successful and what obstacles are in place when it comes to reintegrating back into your community. As a former youth combatant, we want to understand how you interpret your own needs and realities.”

“The underlying assumption that I am working with is that you experience both support and barriers as you reintegrate within the community. I understand there are local services in place that you may access for support, but I also know that you rely on other mechanisms for support in your community. That is why I am talking with you- to understand what works and what isn’t working for you in terms of support and barriers. Some of these barriers may have to do with the community, specifically. Other barriers may be connected to life circumstances. I also understand that you experience success and support within the Gulu community. By talking with you I hope to uncover what those supports are and what success looks like. By understanding this, we can better help other former youth combatants who are trying to reintegrate into their home community. Additionally, your experience can help service providers as they try to assist you.”

“I would like to remind you that to protect your privacy all transcripts will be coded with pseudonyms and I ask that you not discuss what is discussed in our interview with anyone else.”

“The interview will last anywhere from 60 to 90 minutes and I will audiotape the discussion to make sure that it is recorded accurately.”

“Do you have any questions before we begin?”

****This interview follows a semi-structured format where limited questions are prepared in order to elicit thorough participant responses. Below are the questions we have prepared.**

1. What does community mean to you?
2. What does support look like for you?
3. Where do you find support in your community?
4. Who supports you in the community?

5. What is your biggest obstacle or challenge since returning to your community?
6. What is the best way to address this challenge?

Appendix E

Quantitative Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
gender	1118	0	1	.33	.470
Respondent Age	1118	14	37	22.42	5.469
Years of education attained	765	0	15	6.13	3.194
No education	1118	0	1	.06	.236
Months abducted (total)	896	.00	12.00	.8426	1.58536
Was forced wife (for all abductees; assumes 0 for abd <=2 wks)	1118	0	1	.05	.220
Had child from forced marriage (for all abductees; assumes 0 for abd <=2 wks)	985	0	1	.03	.166
Ever killed soldier(s)	697	0	1	.16	.366
Forced to harm family/friend (beat, cut, or kill)	697	0	1	.14	.349
Ever felt allegiance to Kony or LRA	492	0	1	.49	.500
Equals 1 if received amnesty	1068	0	1	.15	.352
Returned to school after longest-lasting abduction	569	0	1	.47	.499
blame_self	696	0	1	.05	.210
blame_cause_trouble_community	695	0	1	.05	.216
blame_lra	695	0	1	.94	.246
Number of groups to which youth belongs	830	0	6	.69	1.057
Valid N (listwise)	473				

Appendix F

Additive Index of Social Support

Psychosocial outcomes were assessed with an adapted measure of social support using an additive index of 17 concrete forms of support received from family and friends in the previous month (such as someone lending you things, praising you, giving you advice, or helping you find work) (Barera, Sandler & Ramsay, 1981; Blattman & Annan, 2010). The forms of support included in the index include emotional support, instrumental or material support and informational support.

Additive Index of Social Support

	(A) Someone? 1=Yes 2=No	(B) <i>If YES:</i> Did this happen often (1) or sometimes (2)?
1. Is there someone who looked after a family member or your possessions when you were away?	__	__
2. Is there someone who sat together with you when you were feeling distressed or lonely?	__	__
3. Is there someone who shared his or her experiences that were similar to yours?	__	__
4. Is there someone who took you to do some work or activities to help you get your mind off of things?	__	__
5. Was there anyone in the community tasked with helping you find work or provide you with assistance when needed?	I__I	I__I
6. Is there someone who appreciated you or spoke well of you for something you did?	__	__
7. Is there someone who gave you some information about program, or told you a leader or organization to which you can go for assistance?	__	__
READ: Still thinking about the last month...		
8. Is there someone who told you to take heart and that things would pass?	__	__

9. Is there someone who assisted you in finding direction and making plans for the future?	__	__
10. Is there someone who gave you advice to help you in a situation?	__	__
11. Is there someone who borrowed or gave you some money, more than 500 shillings?	__	__
12. Is there someone who listened to you talk about your thoughts and feelings?	__	__
13. Is there someone who loaned or gave you something other than money that you needed, such as a bicycle, a household item, or something else?	__	__
14. Is there someone who taught you how to do something?	__	__
READ: Still thinking about the last month...		
15. Is there someone who joked and kidded with you to try to cheer you up?	__	__
16. Is there someone who prayed with you?	__	__
17. Is there someone who took you to a traditional healer?	__	__
18. Is there someone who pitched in to help you do something that needed to be done, such as chores around the home, digging, or some other activity?	__	__

Appendix G

Significant Regression Equation

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.658 ^a	.433	.418	.76315990

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	248.431	15	16.562	28.437	.000
	Residual	325.569	499	.582		
	Total	574.000	574			

Appendix H

Multiple Regression Output

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1 (Constant)	5.076 E-15	.032		.000	1.000	-.063	.063					
gender	.350	.040	.350	8.796	.000	.272	.428	.358	.349	.280	.642	1.558
Respondent Age	.012	.035	.012	.347	.729	-.057	.082	.059	.015	.011	.811	1.232
Equals 1 if worked in last 4 weeks	.345	.039	.345	8.881	.000	.269	.421	.490	.352	.283	.673	1.487
Years of education attained	.271	.043	.271	6.352	.000	.187	.355	.044	.259	.202	.556	1.799
No education	.029	.042	.029	.696	.487	-.053	.111	.047	.029	.022	.579	1.729
Equals 1 if abducted for > 2 weeks	.192	.042	.192	4.615	.000	.110	.274	.341	.192	.147	.587	1.704
Ever forced to kill (soldier, civilian, friend, family)	-.057	.041	-.057	-1.415	.158	-.137	.022	.087	-.060	-.045	.616	1.623
Forced to harm family/friend (beat, cut, or kill)	.128	.039	.128	3.305	.001	.052	.204	.114	.138	.105	.678	1.475
Sum of 5 violent acts inflicted on family members	.127	.034	.127	3.788	.000	.061	.193	.163	.158	.121	.899	1.112
=1 if reported ever passing through a reception center	-.051	.048	-.051	-1.070	.285	-.145	.043	.054	-.045	-.034	.447	2.237
=1 if received services	.020	.041	.020	.493	.623	-.060	.101	.269	.021	.016	.605	1.653
Equals 1 if received amnesty	.131	.044	.131	2.940	.003	.043	.218	.169	.123	.094	.514	1.944
Returned to parents, grandparents, husband/wife, or siblings	.012	.033	.012	.371	.711	-.053	.077	.047	.016	.012	.928	1.078
Number of groups to which youth belongs	-.050	.035	-.050	-1.449	.148	-.118	.018	.034	-.061	-.046	.851	1.175
=1 if attends church	.063	.033	.063	1.882	.060	-.003	.128	.078	.079	.060	.915	1.093